



BILLING CARD

Patient Name

Mr. CHANDRA KUMAR

37/Male MHE202421216

13.05/2024/IPE202400007-

Dr. PARTHASARATHY ANAND

IP No. _____

Room No. _____

D.O.A. 13/05/24 Time 6:48 PM.

Rent Per Day 3500/day.

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
13/05/24	8:30pm	EMR	ICU	S/N Arathi
15/05/24	5:00pm	ICU	WARD	\$

OPERATION THEA TRE

Date	:	OT No.	:
Surgeon	:	Start Time	:
I Asst. Surgeon	:	End Time	:
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	:	Arthroscopy	:
Name of Surgery	:	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
13/5/24	8.30 PM	15/5/24	5.00 PM	13/5/24	8.30 PM	15/5/24	1 AM

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				13/5/24	8.30 PM	15/5/24	1 AM

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

13/05/24	Chest Xray AP
15/05/24	ECG 2Primer

13/05/24	GRBS	(1)
15/05/24	GRBS	(1)

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

14/05/24.	(3).
15/05/24.	(3).

[illegible]