

D.O.A: 30/5/24 at 10:54am

D.O.D: 30/5/24 at 6pm

2nd Floor ICU



BILLING CARD

Patient Name **Mr. UTHRAKUMAR**
48 / Male / MHC202418063
IP No. 30/05/2024 / IPC2024001508
Room No. Dr. ARTHI

CASH

D.O.A. 30/05/24 Time 10:54am

Rent Per Day 4900/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

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 : 2ml 10ml/Inj. Morphine	:
		Others	:

MONITOR

Date	Start	Date	Disconnect
30/5/24	12pm	30/5/24	5pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
30/5/24	2pm	30/5/24	5pm

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start

VENTILATOR

Date	Disconnect

OPERATION THEATRE

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 :

Date	LABORATORY
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[illegible]

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

20/5/24
20/5/24

ECG — 6943
CT Brain (P)

Doc
DUE

Chem
DUE

CBG

DATE	NUMBERS	DATE	NUMBERS
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20/5/24	(1) - 6943		
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ABG

DATE	NUMBERS	DATE	NUMBERS
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ACT

DATE	NUMBERS
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Date

PHYSIOTHERAPY

NEBULIZER

DATE	NUMBERS	DATE	NUMBERS
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OTHERS

DATE	NUMBERS	DATE	NUMBERS
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