



BILLING CARD

Patient Name

IP No.

Room No.

Mr. MADESHWARAN

61 / Male / MHE202421313

31/05/2024 / IPE2024000096

Dr. PARTHASARATHY ANAND



Mr. Madeshwaran. D.O.A. 31/5/24 Time 2 pm

Tcu.

Rent Per Day 3500/day.

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
31/5/24	3:00 pm	EMR	ICU	WSP

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
31/5/24	3:00pm	31/5/24	9:30pm	31/5/24	3:30pm	31/5/24	9:30pm

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
31/5/24	3:30pm	31/5/24	9:30pm	31/5/24	3:30PM	31/5/24	9:30pm

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

CT cervical spine, pelvis
Chest xray

CBG

PHYSIOTHERAPY

NEBULIZER

