

**BILLING CARD**Patient Name Mr. Ramasamy.IP No. IPE2024000116D.O.A. 12/06/24 Time 04:30 PM.Room No. ICURent Per Day 3500 / DaySharing - 925 / Day

Date	Time	From	To	Sister Signature
12/6/24	4:40pm	ENTR	ICU	Kokila
12/6/24	6:00pm	ICU	OT	Giri
12/6/24	7:00pm	OT	ICU	Giri
13/6/24	8:15pm	ICU	ward.	/asothu

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

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
12/6/24	2:40pm	13/6/24	8:15pm				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
12/6/24	3:30pm	13/6/24	8:15pm				
13/6/24	8:30pm	13/6/24	9:30am				

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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 :

LABORATORY

12/6/24 Surgical Profile.

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

12/6/24 chest AP, X-Ray Pelvis
~~CT~~ CT-brain
 CT-chest & abdomen. [Bill No:- MMH/MV/DGE 202400526]
 12/6/24 ECG. [Bill No:- MMH/MV/DGE 202400525]

CBG

CBG

13/6/24

(1)

Date

PHYSIOTHERAPY

14/6/24

(1) - visit

15/6/24

(1) - visit

NEBULIZER

NEBULIZER Dressing

13/6/24

1

14/6/24

1+1

15/6/24

15/6/24

1

16/6/24

1

