BILLING CARD

Mr.RAJASHEKHAR
58/Male/MHM202405352
24/06/2024/IPM2024000504
Dr.SIVAKUMAR D.K.

Patient Name Rajashekar
IP No. IPM2024000504
Room No. ICU

D.O.A. 24/06/24 Time 10PM
Rent Per Day 7500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
25/6/24	2:55 am	ER	ICU	Rache
25/6/24	10pm	ICU	3rd floor (30B)	31B
25/6/24				

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

Date	Start	Date	Disconnect
25/6/24	3am	25/6/24	10pm.
26/6/24			

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

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	:

Date	LABORATORY
25/6/24	CBC c̄ ESR, RFT, (4421)

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

25/6/24	ECG (4422)	
25/6/24	CXR-PA view (4422)	
25/6/24	MRI Brain & MRA & MRV	(paid with op)

CBG

25/6/24	②	(4403)	+1	(4426)			
25/6/24	⑧	(4439)	①	(4450)			
26/6/24	②	(4440)					

CBG

PHYSIOTHERAPY

Rs. 600/- per session

Date	
25/6/24	11:30 Am
26/6/24	11:30 Am

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sivakumar	24/6/24	25/6/24	25/6/24	26/6/24	27/6/24		
DR. Kaushik		25/6/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	

Other Procedures : (specify) :-

3159.

Admission Officer :

Sister In-charge