

03 JUL 2024

MH/ PRINT / 0007 / BILL / FO



Mr.R.S.M PRABU
63/Male/M11V202403416
02/07/2024/IPV2024000554

BILLING CARD

03 JUL 2024

Patient Name

Dr.RAJA

D.O.A. 02/07/24 Time 6:30pm

IP No.



Room No. ICU/ICU-3

Rent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
2/7/24	6:30pm	ER	ICU	S/NIC/awijse/hy/0039

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
2/7/24	7 PM	3/7/24	5 PM				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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