BILLING CARD

Patient Name Mr. Chinnasamy. 70/M. D.O.A 4/7/24 Time

IP No. IPE2024000159

Room No. Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
4/7/24.	11.00.	EMR.	ICU.	

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

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

BILLING CARD

Patient Name: Mr. Chinnasamy. 70/M. DOA 4/7/24 12 09 PM

IP No: IPC 2024000159

Room No: ICU

Rent Per Day: 3500/Day.

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
4/7/24.	11.00.	EMR.	ICU	

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

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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 THEATRE

[illegible]	[illegible]
[illegible]	Start Time
[illegible]	End Time
[illegible]	Dr. [illegible]
[illegible]	Diathermy
[illegible]	C Arm
Anaesthetist	Arthroscopy
[illegible]	Laproscopy
Name of Surgeon	Sevoflurane Isoflurane
	Inj Fentanyl
	Others

LABORATORY

Date	

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

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			