BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name MRS - Manasadevi. B D.O.A 9/7/24 Time 16:00Pm

IP No. 2024000923

Room No. ICU Rent Per Day 4000

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
9/7/24	4 Pm	direct ICU		

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

Date	Start	Date	Disconnect
9/7/24	4 Pm	10/7/24.	2 Am

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect
9/7/24	9pm	10/7/24	2am.

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR CPAP.

Date	Start	Date	Disconnect
9/7/24	4pm.	10/7/24	2Am

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	:

Date	LABORATORY
9/7/24	CBC, RFT, LFT, Electrolytes, Blood group (8711)

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

9/7/24	ECG (8711)		
9/7/24	CT chest ( )		

CBG

CBG	(8711)		
4pm	( )		
8PM	( )		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

2000 921

REF: VIKRAM AMBULANCE

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. karthikraj	9/7/24						
Dr. Balaprakash	9/7/24						
Dr. vigneshwaran	9/7/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total: 9461 BILL CLEARED : RETURNS CHECKED : NO: DUE P. Kala.	

Other Procedures : (specify) :-

9/7/24 catheterization done in icu.

U. Rani
2219.
10/7/24 @ 3.0

Admission Officer :

Sister In-charg