Mr.SAMBANDAM .D
90/Male/MHV202403538
09/07/2024/IPV2024000579
Dr.RAJA

11 JUL 2024

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name _____ D.O.A. 09/07/24 Time 6.00pm

IP No. _____

Room No. ICU - 1 Rent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
09/07/24	6.15pm	ER	ICU	SN

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
09/07/24	6.10pm	11/7/24	5.50 AM

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
09/07/24	6.10pm	11/7/24	5.50AM

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect
10/7/24	3.30pm	11/7/24	5.50AM

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
9/7/24	CBC, UREA, CREATINE, RBS, ELECTROLYTES, LFT, URINE ROUTINE (3879)

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

9/7/24	ECHO SCREENING by (Dr. Karthikeyan) (3880)		
10/7/24	ECG [3884]		
10/7/24	CHEST "X" RAY (3885) (B.S)		

CBG

09/07/24	1		
10/7/24	1+1+1+1		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

9/7/24	1		
10/7/24	1+1+1		

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. RAJAMANENDRAN (GMSRC)	at 1:30pm 09/07/24						
DR. KARTHIKEYAN (CARDIO)	at 9:30pm 9/7/24						
DR. JAYASHRI MD	10/7/24 @ 10:30am						
DR. KATHIRAVAN [NEPHRO]	10/7/24 @ 11.30am						

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

Other Procedures : (specify) :-

RYLES TUBE INSERTION DONE IN ICU - 10/7/2024.

Admission Officer :

Sister In-charge