

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Mr. Santhana Krishnan.D.O.A. 08/07/24, Time 02:15PMIP No. 2024000913Room No. ICU.Rent Per Day 4,800.**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
8/7/24	2:30pm	ER	IW	R. D. 220
8/7/24	11pm	ER	Ind Floor	SH. Jaii 220

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
8/7/24	3 PM	8/7/24	11pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect
8/7/24	3 PM	8/7/24	9:30pm

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

[illegible]

LABORATORY

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

8/3/24 ^{Q1} Ely - 1 (copied) ✓

CBG

CBG

CBG (not Risky)

(not Risky)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]

LABORATORY

MMU

[illegible]

PHARMACY

OT DRUGS REPLACED : V-Juryardz.
BILL CLEARED : No due.
RETURNS CHECKED : Tot: 4071 -

AMBULANCE

Other Procedures : (specify) :-

Verified by
J. Nitby a 2225
9/14/24 at 11:15 AM

Admission Officer :

Sister In-charge