

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr C. Sathya RajD.O.A 15/7/24 Time 18:40IP No. 20 24000 947Room No. 200Rent Per Day 4100/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
15/7/24	7 pm	Casualty	ICU	<i>[Signature]</i>
17/7/24	11:30am	ICU	ICU	<i>[Signature]</i>

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:	:	Laproscopey	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

Date	Start	Date	Disconnect
15/7/24	7 pm	17/7/24	11:30am

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
15/7/24	7 pm	16/7/24	6 am

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

[illegible]

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Alex	15/7/24 Tues			18/7/24 Wed			
DR. Balapadakash	15/7/24 Tues						
DR. Kaithile Jay	15/7/24 Tues	16/7/24 Wed					
DR. Jammuna	16/7/24 Wed	17/7/24 Thurs	17/7/24 Thurs	18/7/24 Fri			
DR. Vijayakalavarni	16/7/24 Wed						
DR. Vinodh Kumar	16/7/24 Wed						

AMBULANCE

OT DRUGS REPLACED : Total: 8401
BILL CLEARED : no: bce
RETURNS CHECKED : p-baby.

Other Procedures : (specify) :-

15/7/24 CSD Done by Casualty

Definer.

Admission Officer :

Sister In-charge