

26 JUL 2024

MH/ PRINT / 0007 / BILL / FO



BILLING CARD

26 JUL 2024

D.O.A. 18/07/24 Time 3.30 PM

Patient Name

IP No. _____

Room No. _____

Mr. SIVA.A

37/MH/MLIV202403668

18/07/2024/IPV2024000617

Dr. K. GAYATHRI MD



ICU - 2

Rent Per Day 35 00 /-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
18/07/24	3.30pm	EP	ICU	PN S.A.
20/7/24	3pm	ICU	WARD (AC)	Pran.

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

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
18/7/24	4pm	20/7/24	3pm				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	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 :

[illegible]

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

18/1/2024 USG ABDOMEN (DR. SRIRAM) (A128)
 18/1/24 ECHO SCREENING (4131)
 19/1/24 HAND AP/OBLIQUE (R) (A168)
 19/1/24 FOOT AP/OBLIQUE (R) (A168)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]