



BILLING CARD

Patient Name Mr. Matheshwaran

D.O.A. 23/07/24 Time 8.30Pm

IP No. IP-2024000202

Room No. ICU

Rent Per Day 3500/day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
23/7/24	8.30 Pm	EMR	ICU	

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	Date	Start	Date	Disconnect

INFUSION PUMP

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

VENTILATOR

OPERATION THEA TRE

OPERATIVE SHEET	
OT. No.	:
Date	:
Start Time	:
Surgeon	:
End Time	:
I Asst. Surgeon	:
Dis. Pack	:
II Asst. Surgeon	:
Diathermy	:
III Asst. Surgeon	:
C-Arm	:
Anaesthetist	:
Arthroscopy	:
OT Nurse	:
Laprosocpy	:
Name of Surgery	:
Sevoflurane / Isoflurane	:
Inj. Fentanyl	:
Others	:

LABORATORY

[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
23/7/24	CT Brain		
	CT Abdomen.		
	Chest PA X-ray		
	Thigh (Lt) x-ray		
	Thigh AP. x-ray		
	Hand AP/lateral x-ray		

Hand AP lat x-ray

CBG

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PHYSIOTHERAPY

NEBULIZER

Other Procedures : (specify) :-

$$D.O.A = 23/7/24$$

This Patient was admitted at ICU for half an hour only, hence we have not charged for bed & Nursing.

Admission Officer :