BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. Janagarathinam. D.O.A. 27/7/24. Time 8:00am

IP No. 2024000205

Room No. 29 Twin-Sharing room. Rent Per Day 925/ perday.

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
27/7/24.	1:15AM.	EMR	ICU	S/N. Logesh.
27/7/24	4:00pm	ICU	ward	

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
27/7/24	11:15am.	27/7/24.	4:00pm.

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

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	:

Date	LABORATORY
27/4/24.	CBC, ESR, RBS, Urea, Creatine, Sr. Electrolyte, HIV, Hbs Ag, BT / CT, PT, DNR, HCV, Blood Group Rh, [illegible], Urine R/E.

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

27/7/24	↑ CXR, CT-abdomen, ① Hand & Fore Arm ECG	AP/lat.

CBG

27/7/24	①						

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Mohan kumar	27/7/24 ①	28/7/24 ①					
Dr. Rahul. [Intensivist]	27/7/24 ①						

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

Other Procedures : (specify) :-

27/7/24 catheterization done in CMR.

27/7/24 DR. Mohan sir Advice POP ⓔ hand

D.O.A: 27/7/24

D.O.D: 28/7/24

Admission Officer :

Sister In-charge