

Consultant: Dr. Parthasarathy

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. KannammalD.O.A. 31/7/24 Time 12:52 AmIP No. 2024000213Room No. ICURent Per Day 3500 / Day**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
30/7/24	11:40pm	EMR	ICU	Bhavani

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**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
30/7/24	10:40pm	31/7/24	12:20am	31/7/24	6am	31/7/24	7am
31/7/24	12:30am	31/7/24	1:30pm				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
30/7/24	11:40pm	31/7/24	12:30am	31/7/24	12:30am	31/7/24	1:30pm

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				31/7/24	12:30am	31/7/24	1:30pm

OPERATION THEATRE

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	Others :

[illegible]

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

C7-chest (Paid)
ECL

Bill No	is MMH/MV/DOIE202400910
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CBG

31/7/24 ① ①.

Date _____

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

31	7	24	(10)	+	(10)	+	(10)
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