BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. Rajeshwari S D.O.A. 1/8/24 Time 12:00am

IP No. 2024000998

Room No. ICU Rent Per Day 4100

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
1/8/24	12'15 am	casualty	ICU	S/N celin Rani 2230
1/8/24	11.45am	ICU	4-W	SN 8 2199.

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
1/8/24	12.20AM	1/8/24	12.30pm

(1) TA 2/8/24

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect
1/8/24	8am	1/8/24	12.30pm

(1) TA 2/8/24

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
1/8/24	CBC, RBS, RFT, LFT, Electrolytes, Serology, ESR, CRP, Urine complete (9683). (Dr Daniel)
1/8/24	FBS 9684

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

1/8/24	ECG (9688)		
1/8/24	Chest x-ray [9685]		
1/8/24	ECHO 2D (9703)		

CBG

1/8/24	CBG (2) (9683).		
1pm	(9703)		

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

Ref: Madhavan 2000 Ambulance

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Baleprakash	31/7/24 TCC						
Dr. Jamun	1/8/24 TCC	2/8/24 4.00					
DR. Vigneshwaran	1/8/24 TCC						

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	Total : 6614 /-	
BILL CLEARED :		
RETURNS CHECKED :	No due.	

Other Procedures : (specify) :-

1/8/24 catheterization done Dr. 2/8/24

2/8/24 @ 12.00 pm

Admission Officer :

Sister In-charge