

ICU - Rs. 4900/-

Bill Informed Dr. OUT SIX



Mr. RAMAMOORTHY

58/Male/MIIC202470783

07/08/2024/IPC2024602150

BILLING CARD cash

Patient Name

Dr. ARTIII

D.O.A. 7/8/24 Time 1.11 pm

IP No.



Room No.

ICU

Rent Per Day

Rs. 4900

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

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 : 2ml 10ml/Inj. Morphine	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
7/8/24	2 PM	8/8/24	1 PM				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				7/8/24	2 PM	8/8/24	1 PM

[illegible]

OPERATION THEATRE

Date	:	OT. No.	:
Surgeon	:	Start Time	:
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II Asst. Surgeon	:	Dis. Pack	:
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Anaesthetist	:	C-Arm	:
OT Nurse	:	Arthroscopy	:
Name of Surgery	:	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

LABORATORY

Date	
7/8/24	CBC, Urea, Creatinine, LFT, Electrolytes, RBS, BT, ET / 9804 PT, INR, HBA1C, Hb, Hct, HBSAG, ANTI HCV VDR

8/8/24 ~~RBS~~ - 9852

[illegible]