

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. ElamvarzhuthiD.O.A. 9/8/24 Time 9:45 amIP No. IPK 2024001038Room No. ICURent Per Day 4100/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
9/8/24	10:00 am	Dialysis	Tu	Venkatesh.

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
9/8/24	10:00 am	11/8/24	3 pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
9/8/24	12:30 pm	9/8/24	1:30 pm
9/8/24	5 pm	9/8/24	6 pm

SYRINGE PUMP

Date	Start	Date	Disconnect
9/8/24	9 pm	10/8/24	2 pm

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect
9/8/24	10:15 am	9/8/24	12:30 pm
9/8/24	2:30 pm	9/8/24	5 pm
9/8/24	6 pm	10/8/24	2 am
10/8/24	2 am	11/8/24	3 pm

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

10/3/24 Chest x-ray (10139)

9/8/24

CBG

CBG

2/8/24 (10128)
 8am (10128)
 10/8 2am (10128)
 1pm (10146)
 9pm (10189)
 11/8 2am (10189)
 11/8 29/1pm (10198)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

