

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Ms. N. SakthivelD.O.A. 13/8/24 Time 12:30 AmIP No. 2024001047Room No. ICURent Per Day 4100/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
13/8/24	12.20 ^{PM}	Casualty	ICU	Sarla
15/8/24	11.30am	ICU	Bed floor	S/M Sugany

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
13/8/24	1am.	15/8/24	11am (3)				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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

13/8/24 (ECG 10276) ✓

13/8/24 Chest Xray (0294) ✓

13/8/24 ECHO (0293) ✓

CBG

CBG

13/8/24

1pm (0293)

9pm (10313)

14/8/24 2am (10313) (10)

1pm (10357)

14/8/24 9pm (10361)

15/8/24 2am (10361)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref:- Mani Ambulance

[illegible]

PHARMACY

AMBULANCE

OT DRUGS REPLACED : Total: 18,994

BILL CLEARED : NO : Due

RETURNS CHECKED : P. Kaley

Other Procedures : (specify) :-

Other Procedures : (specify) :-
13/8/24 CBP : 14 size done (no. teeth 14)

Admission Officer :

Sister In-charge