

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. JayaselanD.O.A. 20/8/24 Time 12.30 amIP No. IPKB2024001074Room No. ICU

Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
20/8/24	1.00 am	Casualty	ICU	<i>[Signature]</i>
20/8/24	10 ³⁰ pm	ICU	and (F)	<i>[Signature]</i>

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	Date	Start	Date	Disconnect
20/8/24	1 am.	20/8/24	10 ³⁰ pm (3)				

INFUSION PUMP**OXYGEN**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
20/8/24	1 am	20/8/24	10 AM				

SYRINGE PUMP**ALPHA BED / SCD PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
20/8/24	6 am	20/8/24	10 ³⁰ pm (3)				

VENTILATOR

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

2018/24 ECG. (OPR 202404315)

2018/24 Chest ray (10627)

2018/24 Echo (10633)

2018/24 CECT Abd , CT Chest (10633)

CBG

CBG

2018/24 CBG - (1) - (OPR 202404315)

CBG - (1) (10627)

1pm (10633)

9pm (10645)

2am (10645)

1pm (10649)

9pm (10648)

2am (10648)

1pm (10648)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref: - Santhosh Ambulance 2000/-

[illegible]

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	S. Int	
BILL CLEARED :	TOTAL - 25,769	<u>27252.00</u>
RETURNS CHECKED :	nodues	

Other Procedures : (specify) :-

- Other Procedures : (specify) :-
- ⇒ Foley's catheter done on 20/8/24 ✓
- ⇒ DR. Konstikayan. Bcic tapping procedure done. ✓
- Blood transfusion 1 unit (SW) ✓
- Dr. Jamuna Bcic tapping procedure done (SW)

Verified by
B. Flavin
24/8/24

Admission Officer :

Sister In-charge