BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. R. Jegan D.O.A. 5/9/24 Time 12:15A

IP No. 2024001132

Room No. ICU Rent Per Day 4100/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
5/9/24	1:30pm	Casualty	ICU	P. Vinothkeer ICU

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
5/9/24	1.30 am	5/9/24	12.00pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

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
5/9/24	CBC. LFT. RBS. Trop-I, RFT (OP paid.)
5/9/24	Sr. electrolytes (1240)

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

5/9/24	ECG (OP paid)		
5/9/24	ECG (1240)		
5/9/24	Echo (11265)		

CBG

~~5-9-24~~ 9am	OP (1240)		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

MMC

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Vinoth Kumar.	4/9/24 IW						
DR. JAMUNA	5/9/24 IW						

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: Nil	
BILL CLEARED	: TOTAL - 635/-	
RETURNS CHECKED	: No due /-	

Other Procedures : (specify) :-

5/9/24 at 12pm
A.DOL 3845

Admission Officer :

Sister In-charge