

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name B/o, SuganyaD.O.A. 5/9/24 Time 7:00 PMIP No. 2024001133Room No. NPCWRent Per Day 4/100**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
5/9/24	7:00am	Aduthurai Arul Hospital	NICE	Shibagathi

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
5/9/24	7am	5/9/24	8am				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
5/9/24	7am	5/9/24	8am	5/9/24	8am	5/9/24	8am

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
			CPAP	5/9/24	8am.	6/9/24	8am

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

519124

Chest. X. roent

best's old

(1263)

CBG

CBG

519124

CBC-① C1263

C BGT-2	(1263)
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CBL-1 (11268)

619124

CBL - 1 (1273)

CBG - ② C4306

7/9/24

СВУ-1	(1312)
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~~COU (C)~~

Date _____

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

(Ref: Dr. Ramye Noul Hospital Aduthurai)							
NT NAME	Date	Date	Date	Date	Date	Date	Date

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
	5/9/24	6/9/24	7/9/24				
B. Kanagasami	①						
Morning	10am.	-	10am	①			
Evening							
Night.	8.30pm	-	4pm	②			
	②						
Dr. Deepalakshmanan	6/9/24	7/9/24		Verified			
Morning	7.30am	①		ACB			
Evening							
Night	8.30pm.	②					