

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. Praveena.D.O.A. 05/09/24 Time 5pm.IP No. JPE: 2024000286Room No. ICU.Rent Per Day 3500 / day**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
05/09/24	5.30pm	EMR.	OT	Srinivas. S.
06/09/24	11pm	ICU	ward.	SH.
05/09/24	6pm	OT	ICU	Y.
06/09/24	11.30am	ICU	ward (211)	SH.

OPERATION THEATRE

Date	: 05/09/24	OT No.	: 1ST
Surgeon	: DR. PARTHIBAN	Start Time	: 5PM
I Asst. Surgeon	:	End Time	: 530PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: MS. JAMUNARANI	Arthroscopy	:
Name of Surgery	: SUTURING	Laproscopey	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
05/09/24	5PM.	05/09/24	5.30PM.				
06/09/24	6pm	06/09/24	11pm.				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	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 _____

[illegible]

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

5/9/24 Chest xray, CT brain (op paid) Bill No is.
with facial bone. MMH/ MV/ DUE 202401156

CBG

05/9/24 ①.

CBG

Date

PHYSIOTHERAPY

NEBULIZER

Dressing

NEBULIZER

7/9/24 ①
8/9/24 ①
9/9/24 ①
10/9/24 ①.

[illegible]