

08 SEP 2024

MH/ PRINT / 0007 / BILL / FO



Patient

IP No.

B/O.ANU

0Female/MHIV202404497

08/09/2024/1PV2024000804

Dr.(MAJOR) SATHISH KUMAR



BILLING CARD

08 SEP 2024

D.O.A. 08/09/24 Time 12:50 am

Room No. NICURent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
8/9/24	12.40	ER	NICU	Jurime

OPERATION THEA TRE

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 Warmer

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
8/9/24	1 am	8/9/24	5.30pm	8/9/24	1 am	8/9/24	5.30pm

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				8/9/24	1 am	8/9/24	2 pm

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

LABORATORY

CBC, P₂, Calcium, CRP (5533)

CBL (5551)

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

[illegible]**CBG****CBG**[illegible]

Date _____

PHYSIOTHERAPY

[illegible]

NEBULIZER

NEBULIZER

[illegible]

[illegible]