BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Child. Dhilip Raj - 2yrs D.O.A. 9/9/24 Time 5.30pm

IP No. 2024001157

Room No. ICU Rent Per Day 4100 /-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
9/9/24	7.00pm	Casualty	ICU	SIN Veera.
10/9/24	2pm	ICU	GW	

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
9/9/24	7.15pm	10/9/24	2pm

INFUSION PUMP

Date	Start	Date	Disconnect
(1)			

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
9/9/24	CBC, CRP, Sr. Electrolyte, RFT, CT446)

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

9/9/24	~~CT brain~~, ~~CT whole spine~~	
	CXR ✗ (11446) whole spine	
10/9/24	CT Brain, CT Screening (")	
	(11491) added	

CBG

CBG

9/9/24	CBG ① (11446)						
10/9/24 ~~6pm~~ 8am ②	(11471)						
	②						

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref: Maitri Ambulance 9L pair

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Mahesh waran	9/9/24 (W)	10/9/24 @ 9am (W) 9 pm (W)	11.9.24 11.50am (W)				
Dr. Rajarajan	9/9/24 (W)						
Dr. Karthikraj	9/9/24 (W)	.					
Dr. Rajarajan (Phone order)	10/9/24 (W)	.					
			Received AC				

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: Total: 2434 /-	
BILL CLEARED	:	
RETURNS CHECKED	: No due.	

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge