

**BILLING CARD**

14 SEP 2024

Patient Name

Mrs.K. RADHA

67/Female/M11V202404563

11/09/2024/IPV2024000827

IP No. _____

Dr.K.GAYATHRI MD

Room No. _____



D.O.A. 11/09/24 Time 1.00PM

ICU-1

Rent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
11/9/24	1 PM	ER	ICU	[Signature]
11/9/24	2 PM	ICU	WARD (303) A/C	[Signature]

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**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
11/9/24	1.30pm	12/9/24	1 PM				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
11/9/24	12.30pm	12/9/24	6 AM				

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE	
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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

[illegible]

CBG				CBG			
11/9/24	1+1+1						
12/9/24	1+1+1+1+1						
	1+1+1						
13/9/24	1+1+1+1+1						
	1						
14/9/24	1+1						

[illegible][illegible]

[illegible]