



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name MR. MUKESH R.

D.O.A. 29/9/24 Time 18:20 PM

IP No. 2024021058

Room No. ICU

Rent Per Day 400

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
29/9/24	6:45 PM	Crescent	ICU	P. Vinodhini
2/10/24	12 PM	ICU	3rd floor	P. Vinodhini

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
29/09/24	7:10 PM	2/10/24	12 PM

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect
29/9/24	7:15 PM	1/10/24	7 AM

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

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

29/9/24 ECG (OP Paid)

29/9/24 Chest x-ray (12489)

30/9/24 Echo (12463)

CBG

CBG

29/9/24 CBG (OP Paid)

7:15am CBG (12445)

10:15am CBG (12445)

2:10pm CBG (12529)

30/9/24 3am CBG (12445)

1pm CBG (12544)

30/9/24 1pm CBG (12463)

9/10/24 9pm CBG (12496)

1/10/24 1pm CBG (12505)

1/10/24 9pm CBG (12529)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref: Mani Ambulance ~~2000~~ (2000)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Tamuna	29/9/24 ICU	30/9/24 ICU	1/10/24 ICU	2/10/24 ICU	3/10/24 W	4/10/24 W	
DR. Karthikeyan	30/9/24 ICU	1/10/24 ICU					
Dr. Vithal Kumar	29/9/24 ICU						
Dr. Palaniyappan	1/10/24 ICU						
Dr. Balasubramanian	1/10/24 ICU						

Verified
ACB

PHARMACY

OT DRUGS REPLACED : V. Jayashree

BILL CLEARED : No due

RETURNS CHECKED : Total 22165 /

AMBULANCE

Other Procedures : (specify) :-

CBD 14 size done ~~correctly~~ ~~re-investing~~
Rylestube 14 size done ✓

verified by

T. Leonard
2296

4/10/24 Q 12.50 PM

Admission Officer

Sister In-charge