03 OCT 2024

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Mr.PRASATH
48/Male/MHV202404943
02/10/2024/IPV2024000928
Dr.K.GAYATHRI MD

Patient Name _____ D.O.A. 2/10/24 Time 4.50pm

IP No. _____

Room No. ICU-4 Rent Per Day 3500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
2/10/24	4.50pm	ER	ICU	

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
2/10/24	4.50pm	3/10/24	11am.

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
2/10/24	5pm	2/10/24	9.00pm.

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

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
2/10/24	ECHOCARDIOGRAM (Bed Side) (64 prob)	Dr. karthikeyan (cardiology)	
3/10/24	ECG [6429]		

CBG				CBG			
3/10/24	1						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. KARTHIKEYAN (CARDIO)	2/10/24 @9 pm	3/10/24 @8am					
DR. LAVATHRI M.D	2/10/24 @ 10.30A	3/10/24 @10am					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer : 2/10/24

Sister In-charge