BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name MR. MARTHORY S D.O.A 8/10/24 Time 23:30 Pm

IP No. DO 24001295

Room No. ICU Rent Per Day 4100

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
9/10/24	12.30 AM	Casualty	ICU	Sm

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
09/10/24	1 AM	9/10/24	1 AM

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
09/10/24	1 PM	9/10/24	1 PM

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
9/10/24	CBC, CRP, RFT, LFT, RBS, Sr-electrolytes, ESR, D-Dimer, LDH
	Urine complet, serology. BT, CT, Blood Group & type, PT
	APTT, INR (OP Paid), Trop I
10/10/24.	Whole Blood Clotting time

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

9/10/24	CT - Brain CT - Facial (OP Paid) CT - chest ECG - (1)		
9/10/24	chest x-ray		
9/10/24	MRI brain & MRA Brain Scan own paid hospital Ambulance		

9/10/24 CBG			CBG			
9/10/24 CBG (1)	(12794)					

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

Ref: MARIKAYAR 2000 Ambulance

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. vinothkumar	9/10/24						
DR. Jamuna	9/10/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : Total - 3869 RETURNS CHECKED : due - 3869	

Other Procedures : (specify) :-

catheterization done in casualty.

9/10/24 - Intubation done by DR. Jamuna.

Admission Officer :

Sister In-charge