



# BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name MR. RAJENDRAN-S

D.O.A. 9/10/24 Time 12:15am

IP No. 2024001297

Room No. ICU

Rent Per Day 4100

## TRANSFER DETAILS

| Date     | Time               | From     | To  | Sister Signature |
|----------|--------------------|----------|-----|------------------|
| 9/10/24  | 1 <sup>15</sup> am | Casualty | ICU | Angelina David   |
| 10/10/24 | 10am               | ICU      | ICU | Shirley          |
|          |                    |          |     |                  |
|          |                    |          |     |                  |
|          |                    |          |     |                  |

## 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 | Date | Start | Date | Disconnect |
|---------|--------|----------|------------|------|-------|------|------------|
| 9/10/24 | 1:15AM | 10/10/24 | 10AM       |      |       |      |            |
|         |        |          |            |      |       |      |            |
|         |        |          |            |      |       |      |            |
|         |        |          |            |      |       |      |            |

## INFUSION PUMP

## OXYGEN

| Date    | Start | Date    | Disconnect | Date    | Start  | Date     | Disconnect |
|---------|-------|---------|------------|---------|--------|----------|------------|
| 9/10/24 | 6 AM  | 9/10/24 | 11 AM      | 9/10/24 | 2:45AM | 10/10/24 | 9:30am     |
|         |       |         |            |         |        |          |            |
|         |       |         |            |         |        |          |            |
|         |       |         |            |         |        |          |            |

## SYRINGE PUMP

## ALPHA BED / SCD PUMP

| Date | Start | Date | Disconnect | Date    | Start  | Date    | Disconnect |
|------|-------|------|------------|---------|--------|---------|------------|
|      |       |      |            | 9/10/24 | 1:15AM | 9/10/24 | 6 AM       |
|      |       |      |            |         |        |         |            |
|      |       |      |            |         |        |         |            |
|      |       |      |            |         |        |         |            |

## CPAP VENTILATOR



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

9/10/24 ECG (5456)

9/10/24 chest x-ray (12772)

9/10/24 echo (12796)

CBG

9/10/24 CBG (5456)

9/10/24 2AM (12772)  
6AM

1pm (12796)

9PM (12822)

10/10/24 CBG (18861)

11/10/24 CBG (1)

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ambergris

| CONSULTANT NAME  | Date    | Date     | Date     | Date | Date | Date | Date |
|------------------|---------|----------|----------|------|------|------|------|
| DR. VINOTHKUMAR  | 9/10/24 |          |          |      |      |      |      |
| DR. JUMUNG       | 9/10/24 | 10/10/24 | 11/10/24 |      |      |      |      |
| DR. RAMACHANDRAN | 9/10/24 |          |          |      |      |      |      |
| DR. ANAND MS     | 9/10/24 |          |          |      |      |      |      |
| DR. KARTHICKRAJ  | 9/10/24 |          |          |      |      |      |      |
| DR. BALAKRISHNAN | 9/10/24 |          |          |      |      |      |      |

| PHARMACY            |                      | AMBULANCE |
|---------------------|----------------------|-----------|
| OT DRUGS REPLACED : | <i>s. hut</i>        |           |
| BILL CLEARED :      | <i>total - 16060</i> |           |
| RETURNS CHECKED :   | <i>no dues</i>       |           |

Other Procedures : (specify) :-

Other Procedures : (specify) :-

9/10/24 Echo Screening Done by Dr. Permachandran 10/10/24

9/10/24 Catheterisation Done 11/10/24

verified by

T. Karsul  
2206

Admission Officer:

Sister In-charge