

Commission Officer

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10/10/24

2
1

OT DRUGS REPLACED :
BILL CLEARED :
RETURNS CHECKED :
No due.

Total : 18847 /-

No due.

- / £4881 : total

PHARMACY

FD

Date _____

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

9/10/24 CT - Brain
 CT - cervical spine OP Paid
 ECG (1)
 10/10/24 X-ray Chest (TIC) (12225)
 10/10/24 Echo (12856)
 11/10/24 X-ray (2) Foot < ^{AP} Oblique (12932)

CBG

CBG

10/11/24
 6am (12225)
 1pm (12856)
 9pm (12878)
 2am (12878)

(4)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name MR. PUGALANATHAN PD.O.A. 9/10/24 Time 12:30 PMIP No. 20240013021Room No. ICURent Per Day 4100.**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
9/10/24	11 AM	Casualty	ICU	Smt. Smt.
11/10/24	12 PM	ICU	ICU	Smt. Smt.

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
9/10/24	11:15 PM	11/10/24	12 PM
12/10/24			

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
10/10/24	11 AM	11/10/24	6 AM

SYRINGE PUMP

Date	Start	Date	Disconnect
10/10/24	4:30 AM	10/10/24	11 PM

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect
9/10/24	11:15 PM	10/10/24	11 AM