

[illegible]

PHARMACY	AMBULANCE
OT DRUGS REPLACED : V. Jeyaraj	
BILL CLEARED : No due	
RETURNS CHECKED : Total: 110336	

Other Procedures : (specify) :-

8/24/77 Intubation done by DR. parveen

3/2/24/4 Byle take ✓ 2.2.24

3/2/24 $\rightarrow$ Cathodization done $\int$ Iru S.N.

8/2/24 - 700 mg. Fentanyl 2^{ml} @ used.

3/2/24 $\rightarrow$ 24. Fontey 10^m ①^a a20d.

3/2/21 ⇒ 27/12/2020 Defamio 2cc used

Admission Officer :

Sister In-charge

BILLING CARD							
Patient Name <u>No. N. Rathishama</u>			D.O.A. <u>3/2/24</u> Time <u>10:10 am</u>				
IP No. <u>224000190</u>							
Room No. <u>ICU</u>			Rent Per Day <u>1400</u>				
TRANSFER DET AILS							
Date	Time	From	To	Sister Signature			
3/2/24	10:00 am	Casualty	ICU	<u>[Signature]</u>			
OPERATION THEA TRE							
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			INFUSION PUMP				
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
3/2/24	10 am	4/2/24	7:50 am				
OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
3/2/24	1:pm	3/2/24	1:45 pm	3/2/24	10:30 pm	4/2/24	7:50 am
3/2/24	4:pm	3/2/24	6:pm	3/2/24	10:30 pm	4/2/24	7:50 am
3/2/24	8:15pm	3/2/24	9:30 pm	3/2/24	10:30 pm	4/2/24	7:50 am
ALPHA BED / SCD PUMP				cmap VENTILATOR			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				3/2/24	10 am	3/2/24	1:pm
				3/2/24	1:45 pm	3/2/24	4:pm
				3/2/24	6:pm	3/2/24	8:15 pm
				3/2/24	9:30 pm	4/2/24	7:50 am

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