

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Mr. JayachandranD.O.A. 23/8/24 Time 2.30amIP No. IPKB2024001078Room No. ICURent Per Day 4100/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
23/8/24	2.30am	Casualty	ICU	Sty.

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
23/8/24	2.30AM	23/8/24	8AM	①			

INFUSION PUMP**OXYGEN**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				23/8/24	2.30am	23/8/24	8. AM
				23/8/24	5. AM	23/8/24	8AM

SYRINGE PUMP**ALPHA BED / SCD PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				23/8/24	2.30am	23/8/24	8AM

VENTILATOR

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
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23/8/24	CB, RFT, Sr. electrolyte. (202410707)
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23/8/24	ABC (107/12)
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RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

23/8/24 ECG, CT-brain (2024/0707)

CBG

23/8/24 CBG-① (2024/0707)

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]

AMBULANCE

paid R 28/08/20

ADALPIKA
2045

Sister In-charge