

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name MR. DHARMALINGAM PD.O.A. 26/8/24 Time 05:00amIP No. 2024001088Room No. 5WRent Per Day 4/00**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
26/8/24	6:00am	Casualty	ICU	Stey

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
26/8/24	6AM	26/8/24	4:30pm

INFUSION PUMP

Date	Start	Date	Disconnect
26/8/24	6AM	26/8/24	4:30pm

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect
26/8/24	7:00am	26/8/24	4:30pm
26/8/24	7:30AM	26/8/24	4:30pm
26/8/24	1pm	26/8/24	4:30pm
26/8/24	2pm	26/8/24	4:30pm

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect
26/8/24	6:00am	26/8/24	7:30AM
26/8/24	7:30AM	26/8/24	4:30pm

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26/8/24	6AM	26/8/24	4:30pm				

INFUSION PUMP**OXYGEN**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				26/8/24	7:AM	26/8/24	4:30pm
				26/8/24	7:30AM	26/8/24	4:30pm
				26/8/24	1pm	26/8/24	4:30pm
				26/8/24	2pm	26/8/24	4:30pm

SYRINGE PUMP**ALPHA BED / SCD PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				26/8/24	6:00am	26/8/24	7:30AM
				26/8/24	7:30AM	26/8/24	4:30pm

VENTILATOR

[illegible]

[Handwritten signature]

[illegible]

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	Medicine to the Hospital PT. Present on Ambulance E
Total : 21730 /- NO due.	

Other Procedures : (specify) :-

26/8/24.

26181221

Infestation due to *Vinethurax* ①

Foley's catheter done.

26/8/24 central line procedure done

by Dr. Jurek (EW)

26/8/24 eyes tube done (SW)

26/8/24 Arterial line done Dr. Jamuna mam

26/8/24. Reintubation done by ASKari (2)

26/8/24. 2 unit Blood Transfusion Done. Vitals by S. Acharya

Admission Officer :

Inj. Fentanyl 2ml ① ampule used.

Sister In-charge