



BILLING CARD

 Patient Name Mrs. R. Sindhu

 D.O.A. 25/1/24 Time 4:00/-

 IP No. 2024000131

 Room No. ICU

 Rent Per Day 4100/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
25/1/24	4.15pm	ER	ICU	PD 2210
28/1/24	3.0pm	ICU	OT/ICU	Shritha 2120

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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

MONITOR

Date	Start	Date	Disconnect
25/1/24	4.15pm	28/1/24	3.0pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

[illegible]

