

**BILLING CARD**Patient Name Mrs. D. Renja BanuD.O.A. 6/2/24 Time 23:40pmIP No. 2024000207Room No. 202Rent Per Day 4100/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
6/2/24 7/2/24	12pm 3:00pm	Censuscell ICU	ICU II nd Floor	P. Vinodhini 2161

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
7/2/24	12:00 AM	7/2/24	3 pm				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

①
8/2/24

[illegible]

LABORATORY

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

7/2/24 ECHO (20240171)

CBG

CBG

7/2/24

2 AM (20240168) ✓

1 PM (20240171) ✓ (2)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]

PHARMACY

AMBULANCE

OT DRUGS REPLACED : Total: 7706
BILL CLEARED : NO: Due
RETURNS CHECKED : P/Calo

Other Procedures : (specify) :-

6/2/24 Other

14 size CBD done (Causality & randomization)

Verified by v. M. 9/100

Admission Officer :

Sister In-charge