

Step Down (ICU)

BILLING CARD **CASH**

Patient Name **Mrs. REETA .J**
64/ Female/MHC202407822
IP No. 20/02/2024/IPC2024000572
Room No. Dr. ARTHI

D.O.A. 20/2/24 Time 8.50pm

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

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 : 2ml 10ml/Inj. Morphine
	Others :

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
20/2/24	9pm	21/2/24	9pm				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE

Date :	OT. No. :
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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

20/2/24 CBC, RBS, RFT, LFT, Electrolytes, HBAIC / 2651

21/2/24 FBS - 2686

21/2/24 PPBS, Troponin / 02705

22/2/24 FBS - 2740

22/2/24 PPBS - 2747

21/2/24 Urine routine

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

EGG - 2659

Echo - 02734

Dr. S. Kumari

1-02734

Date _____

NUMBERS