

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Mr. Henry Samuel. LD.O.A. 13/7/24 Time 2.15 pmIP No. IPKB2024000942.Room No. ICURent Per Day 8 4100 /-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
13/7/24	2.20pm	ER	ICU	Kairuza
14/7/24	1.30pm	ICU	Bed Floor	Shits

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
13/7/24	2.20pm	14/7/24	1.30pm				

INFUSION PUMP**OXYGEN**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP**ALPHA BED / SCD PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				13/7/24	2.30pm	13/7/24	5pm

VENTILATOR CPAP

14/7

[illegible][illegible]

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

13/7/24 ^{cas} ECG - 1 (2020408931)
 13/7/24 ECG - ① (8943)

CBG

13/7/24 ^{cas} ① (2020408931)
 9pm [8965]
 ② 2am [8965]
 1pm (8988)
 7pm (8992)

②

CBG

15/7/24
 7am - (9000)
 1pm (9026)
 Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

mmc

✓ Received
A2

Sister In-charge