



BILLING CARD

Patient Name MR. DEVA KARD.O.A. 3/3/24 Time _____IP No. 2024000349Room No. ICURent Per Day 1100

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
2/3/24	12.30pm	GR	IW	<i>[Signature]</i>
5/3/24	11.15am	ICC	General ward	<i>[Signature]</i>

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	Laprosocopy
	Sevoflurane / Isoflurane
	Inj. Fentanyl
	Others

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
3/3/24	12.30pm	5/3/24	11.15am				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

2
6/3/24

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

LABORATORY

Date 3/3/24 CBC, URP, PT, UT, Electrolytes, BIC, PT, INR, Blood Cr. (202401752)
 Urine complete (202403008)
 4/3/24 FBS, Electrolytes, LFT (202403008)
 4/3/24 PT, INR (202403005)
 5/3/24 FBS, Electrolytes, PT, INR (202403063)

3/3/24

ECU (202401752)
Chest xray (202401752)

41224

RCR10 (202403039)

$$3 \mid 3 \mid 24$$

CP

CBG

① 192401752

2019

①. 604208

1/3/24 Sam

①. 1002403008

1 pm

20240303

8 pm

① C 202410306-3

5/3/24 290

① C-202403063

Date _____

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]