

BILLING CARDPatient Name Mr. Bagkar.D.O.A. 7/3/24 Time 01:30amIP No. 202401820Room No. 205Rent Per Day 2000/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
<u>7/3/24</u>	<u>1:45PM</u>	<u>ICU</u>	<u>ICU</u>	<u>Dr. Subbaraj</u>

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

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconne

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		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

LABORATORY

Date

1/3/24

OBC, CRP, PFT, UET, RBS, HbA1c, Serology,
Sr. electrolyte + urine sample

7/8/24

200 / 100

NITE 8 NRA Dum Stan Prad
Hospital Dm. Care

CBG

CBG

CAU (1) 2183)
CBG (1)

9

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

