

**BILLING CARD**Patient Name S. Sanjana (24/F)D.O.A. 5/4/24 Time 10:53 AMIP No. 106Room No. Single Room (NDA) 102A - ICU (SICU)Rent Per Day 9000/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
5/4/24	11 AM	ENR	Labours Room	P. Sanjaya 0017
5/4/24	11:50 AM	L.R.	S.I.C.U.	Karesh

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
5/4/24	12 PM	5/4/24	2:40 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

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

cBC, viral markers (Paid) by patient

[illegible]

[illegible]