

DOD: 8/5/24 4:30pm

R.NO: 61 (A/c)

ST. I.C.U

BILLING CARDPatient Name Mr. Perumal CASHD.O.A. 6/5/24 Time 10:58 amIP No. 1998/24

Room No. _____

Rent Per Day 3300.1-**TRANSFER DETAILS**

Date	Time	From	To	Nurse's Signature
7/5/24	1 PM	S. ICU	61 A/c Room	Nandini

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

Date	Start	Date	Disconnect
6/5/24	11 am	6/5/24	10 PM

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED**SCD PUMP****VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE	
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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]