

**BILLING CARD**  
**CASH**

ICU

STEP DOWN

Patient Name **Mrs.SUMATHI.K**  
65/Female/MHC202412114  
IP No. 29/03/2024/IPC2024000973  
Room No. Dr.ARTHI

D.O.A. 29/3/24 Time 3.00PM

Rent Per Day 3,300/-

**TRANSFER DETAILS**

| Date    | Time | From         | To                                 | Nurse's Signature |
|---------|------|--------------|------------------------------------|-------------------|
| 31/3/24 | 1Pm  | ICU-Down-ICU | II <sup>nd</sup> floor 54 (WON AU) | Red.              |
|         |      |              |                                    |                   |
|         |      |              |                                    |                   |
|         |      |              |                                    |                   |
|         |      |              |                                    |                   |
|         |      |              |                                    |                   |

**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**

**INFUSION PUMP**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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**OXYGEN**

**SYRINGE PUMP**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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**ALPHA BED**

**SCD PUMP**

**VENTILATOR**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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| OPERATION THEATRE         |                            |
|---------------------------|----------------------------|
| Date :                    | OT. No. :                  |
| Surgeon :                 | Start Time :               |
| I Asst. Surgeon :         | End Time :                 |
| II Asst. Surgeon :        | Dis. Pack :                |
| III Asst. Surgeon :       | Diathermy :                |
| Anaesthetist : <i>nil</i> | C-Arm : <i>nil</i>         |
| OT Nurse :                | Arthroscopy :              |
| Name of Surgery :         | Laproscopy :               |
|                           | Sevoflurane / Isoflurane : |
|                           | Inj. Fentanyl :            |
|                           | Others :                   |

[illegible]

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

[illegible][illegible][illegible][illegible]