

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Mr. Thudai ManiD.O.A. 3/9/24 Time 9:45pmIP No. IPE2024000283Room No. ICURent Per Day ₹500 / Day**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
3/9/24	9:45pm	OP	Emr	K. K. K.
3/9/24	10:30pm	Emr	ICU	A. B. S.

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 :
	Others :

MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
3/9/24	9:40pm	4/9/24	10:30pm				

INFUSION PUMP**OXYGEN**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
3/9/24	9:40pm	3/9/24	10:30pm	3/9/24	11pm	4/9/24	10:30Am
				4/9/24	1pm	4/9/24	10:30Am
				4/9/24	2pm	4/9/24	10:30Am

SYRINGE PUMP**ALPHA BED / SCD PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
3/9/24	11pm	4/9/24	10:30Am	3/9/24	3/9/24 10:30pm	4/9/24	10:30Am

VENTILATOR

OPERATION THEATRE	
Date :	OT. No. :
Surgeon :	Start Time :
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III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

3/9/24

CT - Brain Plain
CT - Chest
ECG - ①

CBG

3/9/24

① + 1 +

11/9/24

① + ③

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

