

**BILLING CARD**Patient Name MRS SARAJASD.O.A. 27/4/24 Time 6¹⁵amIP No. 20 24000590Room No. ICURent Per Day 4/00**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
27/4/24	7 ⁵⁰ am	Casualty	ICU	S/n Sarala
29/4/24	11:45am	ICU	II-nd Floor	Neup

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
27/4/24	8-AM	29/4/24	11:45am	(8)			

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
27/4/24	8-AM	27/4/24	11-AM	(13)			

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

MM

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. poornima	27/4/24	28/4/24					
Dr. Purnima							
Dr. Vinod Kumar	27/4/24						
Dr. Jamuna		28/4/24	29/4/24				
Dr. Palaniyappan		28/4/24					
Dr. Ramachandran	28/4/24						
Dr. James	29/4/24	30/4/24					

PHARMACY

OT DRUGS REPLACED : Total : 7493 / -
 BILL CLEARED :
 RETURNS CHECKED : No due

AMBULANCE

Other Procedures : (specify) :-

Catheterization done by casualty S/M. Sarita.
 28/4/24 Echo screening done by Dr. Ramachandran.
 Verified by B. Flavin 1:5PM 30/4/24

Admission Officer :

Sister In-charge