

**BILLING CARD**Patient Name MR. HARSHARD.O.A. 3/5/24 Time 11:00amIP No. 2024000619Room No. ICURent Per Day 400**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
3/5/24	11am			
3/5/24	11am	Direct ICU		
5/5/24	6pm	ICU	C.W	S. Sanyal 2202

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
3/5/24	11am	3/5/24	6pm				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
4/5/24	11 AM	4/5/24	6pm	3/5/24	11am	4/5/24	11am

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				3/5/24	11am	4/5/24	11am

[illegible]

[illegible]

AMBULANCE

8/5/24 * Intubation done by Dr. Larrena ✓
3/5/24 * Iq: Fenta 2ml (1 amp) used. ✓
3/5/24 Fenta 2ml @ amp used ✓

Sister In-charge