

**BILLING CARD**Patient Name MR. BODA, RAVID.O.A. 3-5-24 Time 8:20 PmIP No. 200DOD- 10/5/24Room No. SICURent Per Day 9000/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
3/5/24	9:00 Pm	EMR	SICU	Chandrakant Hoogi
6/5/24	8:00 Pm	SICU	203 AC ROOM	Kumari

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	8:20 Pm	6/5/24	8:00 Pm	3/5/24	10:10 Pm	5/5/24	12:08 Pm
				6/5/24	11 Pm	7/5/24	11 Pm

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
3/5/24	8:20 Pm	4/5/24	12:20 Am				
4/5/24	7:30 Am	6/5/24	11 Pm				
7/5/24	1 Am	8/5/24	8:30 Pm				
8/5/24	7:40 Pm	9/5/24	7:30 Am				

ALPHA BED / SCD PUMP**NIV Support VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				4/5/24	12:30 Am	4/5/24	7:30 Am
				6/5/24	10:15 Pm	7/5/24	1 Am

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

3/5/24 HRCT Chest.
6/5/24 ECG.
8/5/24 HRCT Chest.

CBG

CBG

3/5/24			3
4/5/24	8+6	6	3
5/5/24	9	4	2
6/5/24	1	1	1
7/5/24	1	1	1
8/5/24	1	1	1
9/5/24	1	1	1

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

4/5/24	1+2	1	1
5/5/24	1	1	1
6/5/24	1	1	1
7/5/24	1	1	1
8/5/24	1	1	1
9/5/24	1	1	1
10/5/24	1		

