

**BILLING CARD**Patient Name MRS. KRISHNAMMALARD.O.A. 3/5/24 Time _____IP No. 202402768Room No. ICURent Per Day 4000**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
3/5/24	6:30 PM	Casualty	ICU	SIN VIND
4/5/24	7pm	ICU	II	Puigam

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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
3/5/24	7:15 PM	4/5/24	7pm	(1)			

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
3/5/24	7:15 PM	4/5/24	6am	(11)			

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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 :
Date	LABORATORY
2/5/24	CBC, CRP, LFT, RFT, ESR, Sr electrolytes, serology, HbA1c, FBS, Urine (202405768) , Dimer
3/5/24	urine cl (202405770)
4/5/24	Sr electrolytes, FBS, ABG (202405769)
5/5/24	Fasting lipid profile, TSH, fT4 (202405824)

LABORATORY

[illegible]

[illegible]

AMBULANCE

Other Procedures : (specify) :-

Other Procedures : (specify) :-
[In size of white bone gradually in scale]

Verified by
S. Flarini

Sister In-charge