



BILLING CARD

Patient Name Dr. M. Mrs. Viji. RD.O.A 9/5/24 Time 12.05 AmIP No. IP2024000852Room No. ICURent Per Day 4100

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
8/5/24	11.15 pm	Emergency Dept	ICU	SN Baby

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
8/5/24	11.30 pm	9/5/24	10.30 pm				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				8/5/24	11.30 pm	9/5/24	10.30 pm

OPERATION THEA TRE

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	Others :

[illegible]

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

8/5/24. ~~ECG~~ CT - Brain angio (OPK 13202402201)

9/5/24. ~~chest xray bedside~~ (6065 J)

9/5/24 ~~echo~~ (0610F)

9/5/24 ~~MRI Brain & MRA & MRV & contrast~~ (one ambulance)
(PT paid)

CBG

CBG

8/5/24.

~~CBG~~ (6065 J)

9/5/24 ~~echo~~ (0610F)

(2)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

