

**BILLING CARD**Patient Name Mrs. S. S. S.D.O.A. 19/5/24 Time 12:30amIP No. 20240000699Room No. ICURent Per Day 4100**TRANSFER DET AILS**

| Date    | Time     | From     | To   | Sister Signature |
|---------|----------|----------|------|------------------|
| 19/5/24 | 1am      | casualty | ICU  | S. S. S.         |
| 20/5/24 | 11:00 am | ICU      | G. W | S. S. S.         |
|         |          |          |      |                  |
|         |          |          |      |                  |
|         |          |          |      |                  |

**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 |
|---------|-------|---------|------------|------|-------|------|------------|
| 19/5/24 | 1am   | 20/5/24 | 11:00 am   |      |       |      |            |
|         |       |         |            |      |       |      |            |
|         |       |         |            |      |       |      |            |
|         |       |         |            |      |       |      |            |

**OXYGEN****SYRINGE PUMP**

| Date    | Start | Date    | Disconnect | Date | Start | Date | Disconnect |
|---------|-------|---------|------------|------|-------|------|------------|
| 19/5/24 | 1am   | 19/5/24 | 4AM        |      |       |      |            |
|         |       |         |            |      |       |      |            |
|         |       |         |            |      |       |      |            |
|         |       |         |            |      |       |      |            |

**ALPHA BED / SCD PUMP****VENTILATOR**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |



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

19/5/24 - ECG (1) CT Brain (IP raised)  
(202406636) (202406639)

20/5/24 Chest X-ray (6697)  
20/5/24 Echo (6698)

done

19/5/24

CBG

CBG

4am (6639)  
8am (6639)  
12am (6639)  
6am (6639)  
10pm (6667)  
1pm (6667)  
9pm (6678)  
2am (6678)  
7pm (6722)  
21/5/24 7am (6722)

11

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

