

BILLING CARD

Step down ICU

Patient Name **Mr. KABIR**
55/Male/MHC202418055
IP No. 30/05/2024/IPC2024001505
Room No. Dr. ARTHI

CASH

D.O.A. 30/05/24 Time 09:35am

Rent Per Day 3300/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

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 : 2ml 10ml/Inj. Morphine
	Others :

MONITOR

Date	Start	Date	Disconnect
30/5/24	10am	31/5/24	10am

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEATRE

Date :	OT. No. :
Surgeon :	Start Time :
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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date	LABORATORY
30/05/24	CBC , RBS , UREA , CREATININE , LFT ELECTROLYTES - 6941
30/5/24	HBAIC - 6959 Ry
31/5/24	FBS - 6980
31/5/24	PPBS - 6988.

[illegible]