

Icu
BILLING CARD
CASH

Stop Down

Patient Name **Mrs.DEVAKI**
63 / Female / MHC202418615
IP No. _____ 03 / 06 / 2024 / IPC2024001562
Room No. _____ Dr. ARTHI

D.O.A. 3/6/24 Time 5:17 pm

Rent Per Day 3,300/-

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
<u>3/6/24</u>	<u>6pm</u>	<u>5/6/24</u>	<u>6:AM</u>

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
<u>3/6/24</u>	<u>6pm.</u>	<u>4/6/24</u>	<u>2pm</u>

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

3/6/24
3/6/24

Chest X Ray
ECG.

due

Shirley 77162

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

3	6	24
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1-7172

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

3	6	24
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141

416124

171

5

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 :
	Others :

Date

LABORATORY

3/6/24 CBC, Urea, Creatinine, LFT, Electrolytes, RBS, 7162
Urine R/E

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