

**BILLING CARD**Patient Name Mr. S. Saran Balaji. SD.O.A. 7/6/24 Time 12:40 AmIP No. 2024000781Room No. ICURent Per Day 4100**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
7/6/24	1:20pm	ER	ICU	R.2220

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
7/6/24	1:30pm	7/6/24	6:40pm				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				7/6/24	1:30pm	7/6/24	6:40pm

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Date

LABORATORY

2/6/24 GBC, CRP, ESR, VIT, UFT, LDH, co. Electrolytes
 Serology, HBS, urine complete, 2 dishes
 (OP fluid)

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

7/6/24 . ECG C)

CBG

CBG

CBG -

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

