

**BILLING CARD**Patient Name Mrs. S. LechanaD.O.A 10/6/24 Time 13.30 PMIP No. 2024000801Room No. ICURent Per Day 4100**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
10/6/24	12.40 PM	Casualty	ICU	Sarah

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 :	Laprosopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
10/6/24	1 PM	10/6/24	5 PM				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				10/6/24	1 PM	10/6/24	5 PM
				10/6/24	1 PM	10/6	5 PM

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
10/6/24	1 PM	10/6/24	5 PM	10/6/24	1 PM	10/6/24	5 PM

[illegible]

Date	LABORATORY
10/6/24	CBC, RFT, LFT, Sr-electrolytes, CRP, HbA1c, ESR, D-Dimer, Serology, Blood Group type, Urine complete, LDH
	RBS (DPKB 202402799)

10/06/24. PTINR, APTT, BT, CT (7635).

[illegible]

ref : madhavan Amba

[illegible]