

**BILLING CARD**Patient Name Mrs. Parthouso BegamD.O.A. 10/6/24 Time 19.00. PmIP No. 2024000 802Room No. ICURent Per Day 4100**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
10/6/24	7.45 PM	Casualty	ICU	S/N Subarna
11/6/24	1. AM	ICU	2nd Floor	S/N Gupta P. 200

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
10/6/24	7.45 PM	11/6/24	1. AM				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

LABORATORY

~~CBC, EFT, Sr. Electrolytes, CRP, APPT, PT/INR~~

BT, CT (202407048)

09/12/2024 02813

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

10/6/24

211

(prb202402813)

CBG

CBG

10/6/24

111 (prb202402813)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

200

verified
A3

verified by
me 12/25
11) 6/24/10

verified by
me 12/25
11) 6/24/10

200

verified
ACB

verified by
me 1225
11) 6/24/10

well