

**BILLING CARD**Patient Name No. K. Madhavan. KD.O.A. 10/6/24 Time 22:15 pmIP No. 2024000803Room No. 201Rent Per Day A100/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
11/6/24	12:30 pm	casualty	ICU	P. vino d. h. i.

OPERATION THEA TRE

Date :	OT No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Dialthermy :
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
11/6/24	12:30am	11/6/24	12:30pm				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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
11/6/24	CBC, Cap Rf, Lf, & electrolyte, Rf, Bld group Serology ESP. Chemistry (202407652)

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

11/6/24 Ecu (07652)

11/6/24 Echo (2407681)

CBG

CBG

11/6/24 Garm (07656)

①

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

C200)

[illegible]