



BILLING CARD

Patient Name Mrs. Thamarai

D.O.A. 17/6/24 Time 12 pm

IP No. EPE 2024000124

Room No. ICU

Rent Per Day ICU = 3500 / Day

ward room = 1400 / Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
17/06/24	12 pm	EMR	ICU	Logesh
18/06/24	11 AM	ICU	WARD	Giri
19/6/24				

OPERATION THEA TRE

Date :	OT No. :
Surgeon :	Start Time :
Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
17/6/24	12 pm	18/6/24	1:00 PM				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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