

**BILLING CARD**Patient Name MR. RATHILAL PATEL. ND.O.A. 20/6/24 Time 15:45 PMIP No. 20 24000832Room No. ICURent Per Day 4100**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
20/6/24	3:45 pm	Casualty	ICU	Day

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

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
20/6/24	4 pm	22/6/24	12 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
21/6/24	8 am	21/6/24	8 pm	20/6/24	4 pm	22/6/24	12 pm

OPERATION THEA TRE	
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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

~~Phs, Electrolyte~~

[illegible]

