



BILLING CARD

Patient Name Mr. KrishnanD.O.A. 18/6/24 Time 10:15PMIP No. IPF2024000130Room No. ICURent Per Day 3500 Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
18/6/24	10:15pm	OT	EMR	Bhmi
18/6/24	10:15pm	EMR	ICU	Bhmi
19/6/24	6:30pm	ICU	ward	Basotha
19/6/24	6:40pm	ICU	ward	Thamarai

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
18/6/24	10:15 PM	19/6/24	6:30pm				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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
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	Others

[illegible]

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

19/4/24 CT- Angio (Brain)

23.14/24 CT Brain.

CBG

CBG

18/6/24 ①

19/6/24 ①

Date

PHYSIOTHERAPY

20/6/24 ① - visit

21/6/24 ① - visit

22/6/24 ① - visit

NEBULIZER

NEBULIZER

