

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name ms. vimala. HD.O.A 2/7/24 Time 11.30.AmIP No. 2024000883Room No. ICURent Per Day 4/00**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
2/7/24	12pm	Casualty.	ICU.	SMBayal
3/7/24	12pm	ICU	Ind Floor	8/1A. Jg/10235

OPERATION THEATRE

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

Date	Start	Date	Disconnect
2/7/24	12.p.m	3/7/24	12:00pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
2/7/24	12.p.m	3/7/24	6.Am

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

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

2/7/24. ECG (8499.7) (8552)

2/7/24 ECHO (8499.7)

2/7/24 X-ray (8518)

3/7/24. ECG (8518)

3/7/24. CT chest (202408545)

+

2/7/24 CBG (8503) CBG

9pm (8518)

2am (8518)

1pm (8547)

7pm (8552)

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

