



BILLING CARD

Patient Name Miss: Shobika

D.O.A. 07/07/24 Time 3:00 PM

IP No. 1PE 2024 000167

Room No. ICU

Rent Per Day 3500/Per day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
07/07/24	3 PM	EMU	ICU	AD

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
07/07/24	1:20 PM	7/07/24	2:30 PM				
07/07/24	2:40 PM	07/07/24	6:30 PM				
7/7/24	6:30 PM	08/07/24	2:00 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

OPERATION THEA TRE	
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	Inj. Fentanyl :
	Others :

LABORATORY

op routin urine R/E Sr. Electrolytes

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

CBG

CBG

8/8/20 ① + ①
8/7/24 ① + 1

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

