

**BILLING CARD**
 DOD:- 18/7/24  
 D.O.A. 09-07-24 Time 11:18 pm
Patient Name Sayyad . SajjadIP No. 323A: Left HEMIPARESISRoom No. STCU

Rent Per Day \_\_\_\_\_

**TRANSFER DET AILS**

| Date    | Time    | From | To      | Sister Signature |
|---------|---------|------|---------|------------------|
| 9/7/24  | 11:30pm | BMR  | STCU    | Chaudhary        |
| 11/7/24 | 11:30am | STCU | 20/800m | Imel             |
|         |         |      |         |                  |
|         |         |      |         |                  |
|         |         |      |         |                  |
|         |         |      |         |                  |

**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**

| Date    | Start   | Date    | Disconnect |
|---------|---------|---------|------------|
| 9/07/24 | 11:45pm | 11/7/24 | 10AM       |
|         |         |         |            |
|         |         |         |            |
|         |         |         |            |

**INFUSION PUMP**

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

**OXYGEN**

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

**SYRINGE PUMP**

| Date   | Start   | Date    | Disconnect |
|--------|---------|---------|------------|
| 9/7/24 | 11:50pm | 11/7/24 | 9:00AM     |
|        |         |         |            |
|        |         |         |            |
|        |         |         |            |

**ALPHA BED / SCD PUMP**

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

**VENTILATOR**

| 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                    |
| OT Nurse          | Arthroscopy              |
| Name of Surgery   | Laproscopy               |
|                   | Sevoflurane / Isoflurane |
|                   | Inj. Fentanyl            |
|                   | Others                   |

## LABORATORY

[illegible]

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

CBG

CBG

10/7/24

11/7/24

Date

PHYSIOTHERAPY

10/7/24

physiotherapy

done 8pm paid

11/7/24

physiotherapy

done 7-40pm paid

12/7/24

physiotherapy

done 8pm - paid

13/7/24

physiotherapy

done 6pm - paid

14/7/24

physiotherapy

done 7-40pm - paid

15/7/24

physiotherapy

done 7pm paid

NEBULIZER

NEBULIZER

[illegible]