

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name MRS. BHARANYAD.O.A. 18/7/24 Time 10: amIP No. IPE 2024 000195Room No. C1-23Rent Per Day ICU - 3500/ per day**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
18/7/24		EMR -	ICU	Bharani
19/7/24	12.30 PM	ICU	ward	Airi

OPERATION THEATRE

Date :	OT No. :
Surgeon :	Start Time :
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
18/7/24	11:15 AM	19/7/24	12.30 AM				

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 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 :

LABORATORY

Date	
18/7/24	Surgical Profile, HbA1c
19/7/24	FBS, SR. Electrolytes

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

18/7/24	CT-brain & Facial bone
18/7/24	XRAY Pelvis, cervical spine
19/7/24	CT-Brain (followup)

CBG

CBG

18/7/24	①
19/7/24	①

Date

PHYSIOTHERAPY

NEBULIZER

DRESSING

NEBULIZER

18/7/24	①
19/7/24	①
20/7/24	①
22/7/24	①
23/7/24	①

