

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Ms. N. Madhan RayD.O.A. 27/7/24 Time 1:30 PMIP No. 2024000973Room No. ICURent Per Day 4100/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
27/7/24	2.00am	ER	ICU	PP 12w
28/7/24	10:30am	ICU	IN Floor	SANAS

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**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
27/7/24	2 am.	28/7/24	10:30am				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
27/7/24	2 am.	27/7/24	6am				

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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

27/7/24 Xray both knee & Ankle
 Rt foot (Abuse, At 10/2/24)
 CT brain, CT chest
 CT Facial bone & supporting
 (IP trackd)

27/7/24 Echo (9443)
 ECG (9404)

CBG

CBG

6am (9409)

1pm (9443)

9pm (9492)

2am (9492)

29/7/24 (9546)

(4)

Date

PHYSIOTHERAPY

27/7/24 530pm Spinnery

(7)

29/7/24

(1)

NEBULIZER

NEBULIZER

28/7/24

8pm

(10)

8/8

30/07/24

