

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Ms. LakshanaD.O.A. 27/7/24 Time 12.30pmIP No. 2024000974Room No. ICURent Per Day 4100 1-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
27/7/24	1pm	Casualty	ICU	S.M. Baby 218

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
27/7/24	1pm	27/7/24	6pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
27/7/24	1pm	27/7/24	4pm

SYRINGE PUMP

Date	Start	Date	Disconnect
27/7/24	1pm	27/7/24	4pm (3)

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

[illegible]

MMC (Hospital case)

Dr. Maheshwaran .

[illegible]