

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name MR. Pandian DD.O.A 8/08/24 Time 12:00amIP No. 2024000999Room No. ICURent Per Day 4100**TRANSFER DETAILS**

| Date    | Time    | From     | To  | Sister Signature |
|---------|---------|----------|-----|------------------|
| 01/8/24 | 1:00 pm | Casualty | ICU | Day              |
|         |         |          |     |                  |
|         |         |          |     |                  |
|         |         |          |     |                  |
|         |         |          |     |                  |

**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 |
|-----------|---------|--------|------------|------|-------|------|------------|
| 01/8/2024 | 1:00 AM | 1/8/24 | 12 PM      |      |       |      |            |
|           |         |        |            |      |       |      |            |
|           |         |        |            |      |       |      |            |
|           |         |        |            |      |       |      |            |

**OXYGEN****SYRINGE PUMP**

| Date | Start | Date | Disconnect | Date   | Start | Date   | Disconnect |
|------|-------|------|------------|--------|-------|--------|------------|
|      |       |      |            | 1/8/24 | 2AM   | 1/8/24 | 12 pm      |
|      |       |      |            |        |       |        |            |
|      |       |      |            |        |       |        |            |
|      |       |      |            |        |       |        |            |
|      |       |      |            |        |       |        |            |

**ALPHA BED / SCD PUMP****VENTILATOR**

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

[illegible]

## LABORATORY

[illegible]

