

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. Thairac NAYACUD.O.A. 9/8/24 Time 3:10 PMIP No. 2024001035Room No. ICURent Per Day 4100**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
9/8/24	3 am	Casualty	ICU	SMBaker
9/8/24	6.30 pm	ICU	GENERAL WARD	SLN 11/11/24

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	Date	Start	Date	Disconnect
9/8/24	4 am	9/8/24	6.30 PM	①			

INFUSION PUMP**OXYGEN**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP**ALPHA BED / SCD PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

VENTILATOR

OPERATION THEATRE

[illegible]

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

9/8/24. ECG (coppering)
 9/8/24 X-ray chest (10091D)
 9/8/24 ECHO (10103)
 9/8/24 Troph

ECG

CBG

CBG

9/8/24.
 1pm (10103)
 10/8/24
 6am (10137)
 CB1 (1)

3

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

