

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Mr. Ravi. K.D.O.A. 15/8/24 Time 11:00 amIP No. 2024001054Room No. ICURent Per Day 4100**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
15/8/24	2:00pm	ICU	ICU	Ravinodhini
				21/6/24

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
15/8/24	1pm	16/8/24	5:30pm

INFUSION PUMP

Date	Start	Date	Disconnect
15/8/24	1pm	16/8/24	5:30pm

OXYGEN

Date	Start	Date	Disconnect
15/8/24	1pm	16/8/24	5pm

SYRINGE PUMP

Date	Start	Date	Disconnect
15/8/24	2:30pm	16/8/24	2:30pm
16/8/24	9:30AM	16/8/24	5:30pm

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect
15/8/24	1pm	16/8/24	5:30pm

VENTILATOR

Date	Start	Date	Disconnect
15/8/24	1pm	16/8/24	5:30pm

[illegible]

Ref: Madhavan Ambulance 20002

[illegible]

PHARMACY

AMBULANCE

OT DRUGS REPLACED :

BILL CLEARED

: Due: - 20327/-

RETURNS CHECKED

∴ Tot: - 24327/-

Other Procedures : (specify) :-

CAZ

15/8/24 Ibuprofen patch (1) used.

16/8/24 skull preparation produce done by Dr. Alex. mosh.

[Signature]

Prin. 2m.
16/8/24 @ 5:50pm

Admission Officer :

Sister In-charge