

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Ms. Deepa.D.O.A. 16/8/24 Time 5.00 pmIP No. 2024001061Room No. 200Rent Per Day 4100**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
16/8/24	5 pm	Crescent	ICU	R. Vinodhini
18/8/24	11:40 am	ICU	ICU	Payam 276

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
16/8/24	5-15 pm	18/8/24	11:40 AM

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect
16/8/24	8 pm	17/8/24	10 am

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

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 :

[illegible]

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

16/8/24 ECG - (10480)

16/8/24 Chest Xray (10479)

17/8/24 ECHO (10478) .

4pm

CBG

CBG

16/8/24 CBG (10449)

9pm CBG (10449)

17/8/24 2am CBG (10475)

1pm CBG (10478)

17/8/24 9pm (10520)

18/8/24 2am (10500)

(6)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

НМС.

[illegible]