



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. Ganesb

D.O.A. 24/8/24 Time 10:00 am

IP No. IPF2024000258

Room No. ICU

Rent Per Day 3500 / Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
24/8/24	10:40am	EMR	ICU	Kavin
25/8/24	9:15am	ICU	Ward 110	SP

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
24/8/24	10:10am	25/8/24	9:15am

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

[illegible]

[illegible]