

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Mr. Haish. K.D.O.A. 24/8/24 Time 3.28 pmIP No. 202400 1083Room No. ICURent Per Day 4100 /-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
24/8/24	3.20 PM	Casualty	ICU	Smlg

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
24/8/24	3:30 PM	25/8/24	12.30 PM				

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

Date :	OT. No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
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III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

24/8/24 CBC, RFT, LFT, Sr-electrolytes, serology, LDH
D-Dimer, urine complete, APTT, PT/INR, RBS (append)

25/8/24 FBS, Electrolytes, BUN, ITSH (10710)

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

24/8/24 - ECG (OP paid) ✓

24/8/24 Echo (10754) ✓

24/8/24 MRI Brain & MR Angiogram & CV Doppler MRI Ambulance
own paid.

24/8/24 - Chest X-Ray ✓

CBG

24/8/24 - CBG (OP paid)

9pm CBG

25/8/24 2am CBG (10:11:10)

10:11:10

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref: Dr. T. Prashu. (mayuradhai)

[illegible]