

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Child. PRADISHA.SD.O.A. 25/8/24 Time 20:00PMIP No. 2024001087Room No. ICURent Per Day 4100**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
25/8/24	8:20 pm	Casualty	ICU	sky
26/8/24	4:00 pm	TW	2nd Floor	Ny2225

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
25/8/24	8:20pm	26/8/24	4:00PM

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]

LABORATORY

2/5/8/24 CBC/RET/LFT, CRP, Sr. electrolyte, (10789)

[illegible]

2008

Neeraj

OT DRUGS REPLACED :
BILL CLEARED :
RETURNS CHECKED :

Total - 3598
due - 3598

25/8/24 Ryle take down by Ico S/A. ^{to} 26/8

Admission Officer

[Handwritten signature]