

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name CHIRU KISHWAND.O.A. 25/8/24 Time 20:00pmIP No. 2024001086Room No. ICURent Per Day 4100**TRANSFER DETAILS**

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

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
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]
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CBCIRFTICFTICRP188-Electrolyte, (10790)

LABORATORY

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

25/8/24 ECG Icc (10791)
 26/8/24 ECG Icc (10791)

CBG

CBG

25/8/24 CBG - (10790)
 26/8/24 am CBG - (10791)
 6am CBG - (10791)

3

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref: Mathi Amburan

AMBULANCE

OT DRUGS REPLACED	:	
BILL CLEARED	:	TOTAL - 3469
RETURNS CHECKED	:	due - 3469

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge