

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. Meenatchi. RD.O.A. 28/8/24 Time 12.00pmIP No. 1PKB2024001101.Room No. ICURent Per Day 4100/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
28/8/24	12.45pm	Casualty	ICU	
29/8/24	12.30pm	ICU	2nd Floor	Neelg

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**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
28/8/24	1pm	29/8/24	11:30pm				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
28/8/24	1pm	28/8/24	4. pm				

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

29/8/24 (3)

[illegible]

28/8/24	ECG	(10889)	Op paid.
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(MIMC)-

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