

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name MRS. JAKKA. Jhansi lakshmiD.O.A. 31-8-24 Time 11:53 AMIP No. 431D.O.P 1-09-24 8:53 PMRoom No. S.T.C.U

Rent Per Day \_\_\_\_\_

**TRANSFER DETAILS**

| Date     | Time   | From | To       | Sister Signature |
|----------|--------|------|----------|------------------|
| 31/08/24 | 2:00AM | EMR  | SICU     | Kumar            |
| 31/8/24  | 11AM   | SICU | 201 room | Kalyan           |
|          |        |      |          |                  |
|          |        |      |          |                  |
|          |        |      |          |                  |
|          |        |      |          |                  |

**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 |
|----------|--------|---------|------------|------|-------|------|------------|
| 31/08/24 | 2:00AM | 31/8/24 | 8PM        |      |       |      |            |
|          |        |         |            |      |       |      |            |
|          |        |         |            |      |       |      |            |
|          |        |         |            |      |       |      |            |

**OXYGEN****SYRINGE PUMP**

| Date     | Start  | Date     | Disconnect | Date | Start | Date | Disconnect |
|----------|--------|----------|------------|------|-------|------|------------|
| 31/08/24 | 2:00AM | 31/08/24 | 4:00AM     |      |       |      |            |
|          |        |          |            |      |       |      |            |
|          |        |          |            |      |       |      |            |
|          |        |          |            |      |       |      |            |

**ALPHA BED / SCD PUMP****VENTILATOR**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

| 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 :                   |

| Date    |                     |
|---------|---------------------|
| 31/8/24 | CUE                 |
| 11/9/24 | TLC CRP urine - (u) |

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

31/8/24 Chest - X-ray (PA view)

CBG

CBG

31/8/24 1+1  
1/9 1+1

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

31/8/24 1+1+1  
1/9 1+1

[illegible]