



BILLING CARD

Patient Name P. Srinivas Rao, 58y/M

D.O.B. 13/9/24

D.O.A. 07/09/24 Time 10:39 AM

IP No. 450

Room No. SICU

Ass- Vital Pneumonia

Rent Per Day 9000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
<u>7/9/24</u>	<u>11:00 AM</u>	<u>END</u>	<u>ICU</u>	<u>P. Sandya 0017</u>
<u>10/9/24</u>	<u>7:20 PM</u>	<u>SICU</u>	<u>Room 201</u>	<u>Vma</u>

OPERATION THEA TRE

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
<u>7/9/24</u>	<u>11:30 AM</u>	<u>10/9/24</u>	<u>10:35 AM</u>				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
<u>7/9/24</u>	<u>11:30 AM</u>	<u>10:00 AM</u>	<u>8/9/24</u>	<u>07:10 AM</u>	<u>09/09/24</u>	<u>8:00 AM</u>	
<u>9/9/24</u>	<u>12 PM</u>	<u>10/9/24</u>	<u>7:10 AM</u>	<u>7/9/24</u>	<u>9:10 AM</u>	<u>9/09/24</u>	<u>8:00 AM</u>
				<u>8/9/24</u>	<u>10:00 AM</u>	<u>10/9/24</u>	<u>7:40 AM</u>

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
			<u>07:10</u>	<u>08/9/24</u>	<u>10:00 AM</u>	<u>9/9/24</u>	<u>10 PM</u>

[illegible]

