

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name B. Vijay Kumar, 35/7D.O.A. 9/9/24 Time 1:54 PMIP No. 453Doc - 18/9/24Room No. ICURent Per Day 9000**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
9/9/24	1:30 PM	EMR	SIU	Kalyan P
16/9/24	4:10 PM	SIU	202 room	Ch. Uma.

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	Date	Start	Date	Disconnect
9/9/24	1:30 PM	16/9/24	5 PM	9/9/24	2 PM	11/9/24	3:00 PM
				9/9/24	9 PM	7:00 PM	10/9/24
				9/9/24	9:30 AM	7 AM	13/9/24
				13/9/24	9 PM	14/9/24	6:50 PM

INFUSION PUMP**OXYGEN**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
14/9/24	1:40 PM	14/9/24	2 PM				

SYRINGE PUMP**ALPHA BED / SCD PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				9/9/24	1:30 PM	14/9/24	1:10 PM

VENTILATOR

9/9/24

Chest X-ray

CBG

CBG

9/9/24

10/9/24

11/9/24

12/9/24

13/9/24

14/9/24

15/9/24

16/9/24

17/9/24

18/9/24

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

9/9/24

10/9/24

11/9/24

12/9/24

13/9/24

14/9/24

15/9/24

16/9/24

17/9/24

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