

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. ShreejiD.O.A. 12/09/24 Time 11.05pmIP No. 2024000301Room No. ICURent Per Day 1400/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
12/09/24	11.05pm	EMR	ICU	Prithvi P.
14/09/24	11.00AM	ICU	Ward (213)	19/09/24

OPERATION THEATRE

Date :	OT No. :
Surgeon :	Start Time :
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
12/09/24	10.15pm	14/09/24	11AM				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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 :
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Anaesthetist :	C-Arm :
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Name of Surgery :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

12/9/2024	CBC, LFT, Urea, Creatinine, Sr, Silymarin Sr. Cholesterylase RBS Serology, BCR.
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[illegible]

Date _____

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

