

DOD: 2/10/24 at 7pm

II floor ICU

BILLING CARD

Patient Name **Mr. MESHOK**
78, Male/MIIC202475217
IP No. **01, 10/2024/IPC2024002721**
Room No. **Dr. ARTHI**

D.O.A. **01.10.24** Time **05:22 PM**Rent Per Day **4900/-****TRANSFER DETAILS**

Date	Time	From	To	Nurse's Signature

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 : 2ml 10ml/Inj. Morphine	:
		Others	:

MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
11/10/24	5:30 PM	11/10/24	9 PM				

INFUSION PUMP**OXYGEN**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP**ALPHA BED**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SCD PUMP**VENTILATOR**

[illegible][illegible]

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

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