

BILLING CARD

2-Elloor ICU

Patient Name Mr. GUNASEKRAN
52 Male/MIC202475416

IP No. 04/10/2024/IPC2024002750

Room No. Dr. ARTHI

D.O.A. 04/10/24 Time 11:30

Rent Per Day 4900/-



ANSFER 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

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
4/10/24	11:30 Am	4/10/24	12:30 pm				

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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ok 10/24
4/10/24

4/10/24

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