

II Floor ICU

BILLING CARD

D.O.D: 8/10/24 at 3pm

Patient Name

Mrs. THENMOZHI

41

D.O.A. 07.10.24 Time 11:13 AM

IP No.

40/Female/MHC202475642

07/10/2024 IPC2024002785

Room No.

Dr. AR JHI

Rent Per Day 4900



TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
8/10/24	6am	ICU 10	II nd Floor 59 (1)	G. Bialh.

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

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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	Inj. Fentanyl :
	Others :

[illegible]

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

[illegible][illegible]

PHYSIOTHERAPY

[illegible][illegible]