



BILLING CARD

Patient Name Mrs. Shanathi DD.O.A. 29.08.24 Time 8:30amIP No. IPM2024000752Room No. 304Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
29/8/24	9:40AM	ER	IPD floor	H. Kamnath/2147

OPERATION THEA TRE

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

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEA TRE	
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	Inj. Fentanyl :
	Others :

[illegible]

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

CXRF 6109

ECG CB109

ECN 56114

CT Chest (6133) DONE BY YD2HI SCAN

CBG

C3G C6115

1 (6151)

1 (6177)

PHYSIOTHERAPY

NEBULIZER

1	+	1
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8

