

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name madhavIP No. 2pm0024000860Room No. 303

Master..MADHAV

3 Male/MHM64496

22/09 2024/1PM2024000860

Dr.DHANASEKHAR K

D.O.A. 22/9/24 Time 7:15pmRent Per Day 2500

TRANSFER - LS

Date	Time	From	To	Sister Signature
22/9/24	8-20pm	ER	3RD Floor (303)	H. Ravi/2547

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 :
	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

OPERATION THEATRE

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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

22/9/24 CBC (CPT) Sr. Electrolytes (6738)

Dengue NSI (Edisa) (6739)

[illegible]

[illegible]