

B/O.KEERTHANA PRABHAKAR

0/Male/MHM202302278

06/11/2023/IPM202300913

/ BILL / FO

Dr.PRASANNA



BILLING CARD

Patient Name Dr. KeerthanaD.O.A. 06/11/23 Time 10:40pmIP No. 202300913Room No. 111Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
6.11.23	10.30pm	ER	1st floor 111	Sr. Putmi 349

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 :

phototherapy MONITOR double surfau.

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
6.11.23	11 pm	7.11.23	9pm				

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 THEA TRE

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	Inj. Fentanyl
	Others

LABORATORY

[illegible]

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

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

