

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. P. APPARAOage 40D.O.A. 18-8-24 Time 8:06 PMIP No. 400

DOD-23/8/24

Room No. Single Room A/CRent Per Day 4000/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
18/8/24	7:50 PM	EMR	2nd Floor Room 202	Vijayalakshmi

OPERATION THEATRE

Date	:	OT No.	:
Surgeon	:	Start Time	:
Asst. Surgeon	:	End Time	:
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	:	Arthroscopy	:
Name of Surgery	:	Laproscopey	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

Date	Start	Date	Disconnect
18/8/24	8 PM	20/8/24	7 AM

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
18/8/24	8 PM	21/8/24	8 AM

SYRINGE PUMP

Date	Start	Date	Disconnect
18/8/24	11 PM	20/8/24	8:10 PM

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEATRE	
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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 :

Date	LABORATORY
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18/8/24	Sodium	ABC
19/8/24	Sodium	7 AM
19/08/24	Sodium	7 PM
20/08/24	Sodium	7 AM, Sodium - 7 PM

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

CBG

CBG

19/8/24
21/8/24

1
1 + 1

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

19/8/24
20/8/24

1
1

