



BILLING CARD

MH/PRINT / 0007 / BILL / FO

Patient Name K. Sandhya Devi, 34y/F

D.O.A 15/06/24 Time 7:50 PM

IP No. 276

D.O.D 16/6/24

Room No. 202

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
15/6/24	8:20 PM	EMR	202 Room	D. Tulari (OAS)

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
16/6/24	3:00 PM	16/6/24	9:00 PM

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

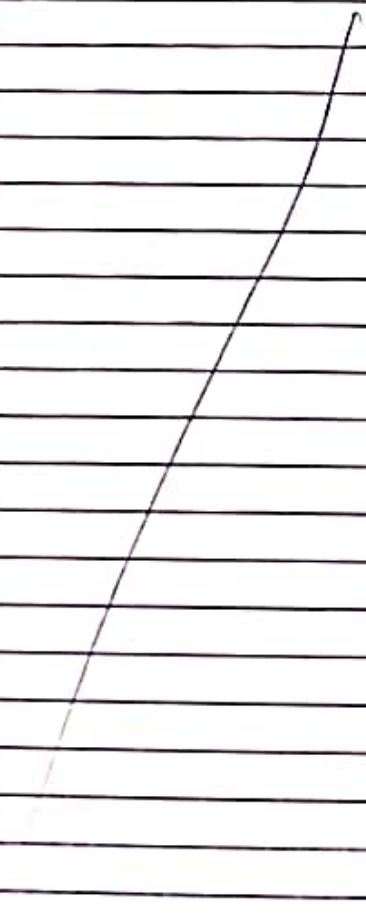
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Date

LABORATORY

16/6/24

FBS



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

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]