



BILLING CARD

 Patient Name Asha

 IP No. IPM 2023000

 Room No. 309
Ms. AASHA

 18/Female/MHM202302662
 05/12/2023/IPM2023000997

Dr. PRASANNA


 D.O.A. 5/12/23 Time 2:00pm

Rent Per Day _____

Date	Time	From	To	Sister Signature
5/12/23	3:30pm	PR	3 rd floor	S/N Krishnaveni

OPERATION THEA TRE

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 :	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	
Date :	OT. No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

OT. No. :

Start Time :

End Time :

Dis. Pack :

~~Diathermy~~ :

C-Arm :

Arthroscopy

Laparoscopy :

Sevoflurane / Isoflurane :

Inj. Fentanyl :

Others :

LABORATORY

CBC, Urea, Creat, Nat, ~~K~~ LFT (3932)

urine RE (3946)

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

15/12/23 ECG (3924)

5.12.23 CXR (3934)

6.12.23 NC CT Brain () Yazhi sen
Platv

CBG

CBG

15/12/23 2 (3935)

6/12/23 1 (3948)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

