RA:-10:30PM 10/12/23

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name: Mrs.USHA RANI SAHOO
63/Female/MHM202302778
10/12/2023/IPM2023001017
Dr.PRASANNA

IP No. _____

Room No. ___

D.O.A. 10/12/23 Time 6:30 PM

Rent Per Day 7000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature

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
10/12/23	7:30pm	10/12/23	Till discharge

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
10/12/23	7:30pm	10/12/23	Till discharge

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	:
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
	~~Trop T~~ (4119) ~~ABG~~ ~~ECG~~ (4116)

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

10/12/23	~~CXR~~ / B/S (4117)		
10/12/23	~~ECG~~ (4118)		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr PRASANNA							

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer

Sister In-charge