

BILLING CARD

D.O.A. 18/12/23 Time 20:30

Patient

IP No.

Room No. 303

Rent Per Day 2,500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
18/12/23	8:30pm	ER	3rd Floor - (303)	u.usha

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

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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	Others :

Date _____

LABORATORY

18 | 12 | 23

CBC	CRP	RFT	LFT
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2011

(4287)

19/12/23

~~TSH~~ (04411)

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

18/12/23

X-ray

chest

(

4388)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

