



BILLING CARD



Patient Name

D.O.A. 5/1/24 Time 1.30pm

IP No. 202400013

Room No. 302

Rent Per Day 3000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
5/1/24	3.30pm	EQ	1st Floor Room 302	SLN / K. S. Mohan 302

OPERATION THEA TRE

ie	:	OT No.	:
rgeon	:	Start Time	:
ssst. Surgeon	:	End Time	:
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

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
5/1/24	CBC, CAP, RFT, LFT, (0067) HbA1c (0068) Urine KIS (0069) Urine CIS (0070) Blood KIS (0071)
6/1/24	FBS, lipid profile (0079) PPBS (0082)
7/1/24	PCI, UZ, URF, Urea, creat (0094)
8/1/24	CBC (0109)
9/1/24	CBC (RFT) (0128)
10/1/24	UAC (0147)
11/1/24	RFT, 0173 (0173)

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

5/1/24	CXR (0072)		
5/1/24	Xray (RH) LL (0073)		
5/1/24	E.C.G (0074)		
6/1/24	Echo (0103)		
6/1/24	Both lower limb Arteries (0129)		
6/1/24	Doppler and colour flow imaging of Venous System of Both lower limb (0129)		

CBG

CBG

5/1/24	(2) (0075)				
6/1/24	(1) (0095) + (1) (0095)				
7/1/24	(1) (0095) + (1) (0102)				
8/1/24	(1) (0110)				
9/1/24	(3) (0129)				

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

