

BILLING CARD



Patient Name: Mrs P. Chatterjee D.O.B: 11/11/24 Time: 13:45
 IP No: 200100052
 Room No: 610-F TRANSFER DET AILS Rent Per Day: 1000

Date: 11/12/24 Time: 3:30pm From: Covered To: Atm Sister Signature: P. W...

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: _____ Laparoscopy: _____
 Inj. Fentanyl: _____ Sevoflurane / Isoflurane: _____
 Others: _____

MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

CONSULTANT NAME: Dr. P. S. Sharma (Cover page) Hospital: _____

Dr. Anshu Kumar Date: 11/12/24

PHARMACY	AMBUANCE
OT DRUGS REPLACED : Total : <u>1538</u>	
BILL CLEARED	
RETURNS CHECKED : <u>No Due</u>	
Other Procedures: (specify) :-	

12/1/24 at 1:40pm
 voided by SR

Admission Center: _____ Sister in-charge: _____