



Mr.CHELLA KRISHNAN D

18/Malc/MHM202403245

13/01/2024/IPM2024000025

Dr.INDRANIL BANERJEE

BILLING CARD

Patient Na

IP No. _____

Room No. _____

D.O.A. 13-01-24 Time 8.40 am

Rent Per Day 7500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
13/1/24	11 am	ER	TCO	Krishna Veri

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
13/1/24	11 am	14/1/24	8 pm.				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				13/1/24 ^{pm}	1230 pm	14/1/24	9 am

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE	
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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

13.1.24 ECG (0207)
13.1.24 X-R (0208)

CBG

CBG

13.1.24 ② (0219)
14.1.24 1 (0219) 1 (0222)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

