BILLING CARD

Patient Name MR. NIWASH.S D.O.A 21/1/24 Time 12:15pm

IP No. 2024000113

Room No. IW Rent Per Day 4100

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
21/1/24	12.15p	ER	IW	
21/1/24	6pm	IW	OW	

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
21/1/24	12.15PM	21/1/24	6pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

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
21/10/24	CBC, CRP, PFT, ESR, D-DIMER, LDH, LFT, Se. Electrolytes, serology, HMRC RDS (CRP raised)

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

CBG

21/1/24 - ① Ipraived

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

FD.

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr Sreeraj	21/1/24 W	22/1/24 W					

ACCOUNTS VERIFIED

Verified

AB

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED : TOTAL – 516/–	
RETURNS CHECKED : DUE – 339/–	

Other Procedures : (specify) :-

22/1/24 2.10pm

Vishal.

Admission Officer :	Sister In-charge