

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name Ms. R. Karas KarD.O.A. 14/8/24 Time 19:30IP No. 20 2400 1052Room No. 910-mRent Per Day 1000/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
14/8/24	19:30pm	Casualty	CW	SLN Kewith

OPERATION THEATRE

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

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 THEATRE	
Date :	OT. No. :
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I Asst. Surgeon :	End Time :
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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

[illegible]

[illegible]

AMBULANCE

Other Procedures : (specify) :-

Other Procedures : (specify) :-

14/8/24 Small dressing done by Dr. Anand ① (Cesural)

15/8/24 Small dressing done by Dr. Anand ②

16/8/24 Small dressing done by Dr. Anand ③

17/8/24 Small dressing done by Dr. Anand ④

18/8/24 Small dressing done by Dr. Anand ⑤

18/8/24 at 10:40 pm
Verified by

Admission Officer :

Sister In-charge