BILLING CARD

Master.KOUSHIK N H
4/Male/MHM202403661
13/02/2024/IPM2024000114
Dr.DHANASEKHAR K

Patient Name Koushik
IP No. Ipm
Room No. 306.

D.O.A. 13/2/24 Time 8:30pm
Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
13/2/24	4:30pm	ER	3rd floor 306	S/N Sandhiya

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

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
13/2/24	CBC / CRP (0987)
13/2/24	Blood GLS (0988)

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

BILLING CARD

Master.KOUSHIK N H
4/Male/MHM202403661
13/02/2024/IPM2024000114
Dr.DHANASEKHAR K

Patient Name Koushik D.O.A. 13/2/24 Time 8:30pm

IP No. Ipm

Room No. 306.

Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
13/2/24.	9:30pm	ER	3rd floor 306	S/N Sandhiy/3139,

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	:
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MONITOR

Date	Start	Date	Disconnect

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OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect