

**BILLING CARD**Patient Name Baby. Harshit MD.O.A. 05/09/24 Time 4.45 PMIP No. 20240000358Room No. 202Rent Per Day 2000**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
5/3/24	4.35 PM	ER	Dr. H. H. H.	R. R. R.

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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE	
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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :
Date	LABORATORY
5/2/24	CBC, LPP, LIDAL, Urine routine, UFI, Iron studies PS, Urea, Creatinine (OP paid ERK1202400838) OP paid (BRK1202400838)
5.3.24	Urine culture sensitivity (performed)
8/3/24	blood group Rgm (3272)
8/3/24	CBC, LIDAL, Hb Electrolytes (3279)

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LABORATORY

~~CBC, LRP, NIDAL, Unire routine, UFI, Iron Studios
ps, Ures, CreggHRE. COP paid ERK1202400838
COP paid (BRK1202400838)~~

Crine culture ~~sensitivity~~ χ^2 ~~per cent~~

also group by Age (32+2)

~~CHE, LON, HB Electrolysis (2279)~~

[illegible]

Ref: DR. RAJESH KANNAN/ May/16

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Maheshwari	5/8/24	6/3/24	7/3/24	8/3/24	9/3/24	10/3/24	
Morning	11pm.	2pm	11pm	10pm	2:30pm	8:30am	
		10pm.	5pm.		11pm?		

PHARMACY

AMBULANCE

OT DRUGS REPLACED : V. Jyoti

BILL CLEARED : No due.

RETURNS CHECKED : Tot: 1899/-

Other Procedures : (specify) :-

Blood transfusion done by 9.3.24.

→ Verified by V. My
10/3/24 9.30 AM

-Admission Officer :

Sister In-charge