

D.O.A - 12.3.24 at 11.30pm

D.O.D - 13.3.24 at 7.00pm

BILLING CARD

Patient Name Mr. Balkish 54/F

D.O.A. 12/03/24 Time 11.30pm

IP No. 0811/24

Room No. _____

Rent Per Day 1,850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
			<i>nil</i>	

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 : 2ml 10ml/Inj. Morphine
	Others :

MONITOR

Date	Start	Date	Disconnect
			<i>nil</i>

INFUSION PUMP

Date	Start	Date	Disconnect
			<i>nil</i>

OXYGEN

Date	Start	Date	Disconnect
			<i>nil</i>

SYRINGE PUMP

Date	Start	Date	Disconnect
			<i>nil</i>

ALPHA BED

Date	Start	Date	Disconnect
			<i>nil</i>

SCD PUMP

Date	Start	Date	Disconnect
			<i>nil</i>

VENTILATOR

Date	Start	Date	Disconnect
			<i>nil</i>

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 :

[illegible]

B) 3/24

CBC, CRP, LFT, RFT - 3858 Rm

13/3/24

PBS, HBAIC-3852 Ry

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

12/3/24

ECG - 63858

due

By

CBG

ABG

ACT

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

nil

nil

PHYSIOTHERAPY

Date

nil

NEBULIZER

OTHERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

12/3/24 1+1

13/3/24 0+1