



# BILLING CARD

Patient Name MR. PANCHANDHAN.P D.O.A 23/4/23 Time 07.20PM  
 IP No. 2094000463  
 Room No. 500 Rent Per Day 1100

## TRANSFER DET AILS

| Date    | Time    | From     | To        | Sister Signature |
|---------|---------|----------|-----------|------------------|
| 23/3/24 | 7.15 PM | Casualty | 2nd Floor | S. M. S.         |
|         |         |          |           |                  |
|         |         |          |           |                  |
|         |         |          |           |                  |
|         |         |          |           |                  |
|         |         |          |           |                  |

## 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

## INFUSION PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

## OXYGEN

## SYRINGE PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
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|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

## ALPHA BED / SCD PUMP

## VENTILATOR

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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|      |       |      |            |      |       |      |            |

[illegible]

LABORATORY

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

23/3/24 - ECG - (1) X-ray chest (1)

CBG

23/3/24 CBG ER (1)

(1)

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

MMC

[illegible]