

BILLING CARD



CASH

Dr. ARTHI

D.O.A. 3/4/21 Time 11.40 A

TRANSFER DETAILS

OPERATION THEATRE

MONITOR

INFUSION PUMP

OXYGEN

SYRINGE PUMP

ALPHA BED

SCD PUMP

VENTILATOR

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 :

Date

LABORATORY

3/4/24 CBE, LFT, RBS, UREA $\Rightarrow$ 4830
 creatine, CRP, ESR, electrolytes - 4821
 Wine R/n

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER							
31/12/24	CHEST R			Due	2227 4801		
31/4/24	ECG			Due			
CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
31/4/24							
Date	PHYSIOTHERAPY						
NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
31/4/24	2						
4/9/24	2						