

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name MR. ARON PUNAR SELVAM MD.O.A. 30/9/24 Time 9:30amIP No. 2024001260Room No. 914/mRent Per Day 1000**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
30/9/24	10:45am	ER	914/m	[Signature]

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 :

MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

INFUSION PUMP**OXYGEN**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP**ALPHA BED / SCD PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

VENTILATOR

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

30/9/24 ECG (1) (Dr. Jaike) 201412462
 2/10/24 (CT Abdomen Pelvis) (12572)
 3/10/24 CBCT abdomen (12572)

CBG

CBG

30/9/24 (1) (Dr. Jaike) 201412462
 30/9/24 CBG (2) 12469
 01/10/24 CBG (1) 12500
 01/10/24 CBG (2) 12507
 2/10/24 CBG (1) 12541
 3/10/24 CBG (2) 12584 (10)
 4/10/24 CBG (1) 12584

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]

AMBULANCE

Due = 8656

Other Procedures : (specify) :-

05/10/24 at

verified by

12.10pm

4

Sister In-charge