



# BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name MRS. MEGALA

D.O.A. 29/9/24 Time 12:26pm

IP No. IPB 2024 000336

Room No. 21000

Rent Per Day 1100 / Day

## TRANSFER DETAILS

Date	Time	From	To	Sister Signature
29/9/24	8:30AM	DP	EMR	
29/9/24	1:30PM	EMR	WARD	

## 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

## 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 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

29/12/24 Hb, RFT, PEVI, urinalysis DUE 202401358  
 Urine Complete Examination, L DUE 202401358

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

29/9/21. Early Pregnancy ultrasound  
Scan (Dr F 2024 01358)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
D. Narasetha	29/9/24 (1)	30/9/24 (1)	1/10/24 (1)				

PHARMACY

- OT DRUGS REPLACED :
- BILL CLEARED :
- RETURNS CHECKED :

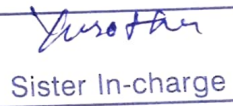
AMBULANCE

Other Procedures : (specify) :-

D.O.A : 29/9/24  
D.O.D : 1/10/24



D. Narasetha  
29/9/24

  
Sister In-charge

Admission Officer :