



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. Jaya Mani

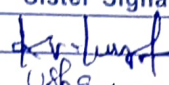
D.O.A. 15/8/24 Time 6:00pm

IP No. 1PE 2024000237

Room No. 210

Rent Per Day 1400 / day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
15/8/24	6:00pm	Emr	ward 210	
18/8/24	12 N.	210-S	208-S	

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

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	Others :

Date

LABORATORY

15/8/24 Cbc, Urea, Creatinine, Cholesterol, ~~BH~~ PPBS, FBS
 Urine Routine / passed. Bill no: MMH/INV/REC/2024/100
 (Advance Receipt)

19/8/24 TC, MP, HB, Ur. R/E, ESR, C.R.P. DC, widal

[illegible]

