



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Baby Kanish

D.O.A. 24/9/24 Time 4:00pm

IP No. STP 2024000325

Room No. 210

Rent Per Day 1400/day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
24/9/24	5:00pm	OPD	Inward	Yogeshwari

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

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

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

Q24) Given chord AC. Ray

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

