BILLING CARD

Patient Name: MRS. RANI.S

IP No.: 2024000515

Room No.: 206

D.O.A.: 7/4/24 Time: 07.50AM

Rent Per Day: 2000

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
7/4/24	7⁴⁵ am	Casualty	2nd Floor	Shrulindai 2230.

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

OPERATION THEA TRE

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 :

LABORATORY

Date	
7/4/24	~~CBC~~ ~~RBS~~ ~~RFT~~ ~~LFT~~ ~~Electrolytes~~ (2024016737)

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

8:11.	ECG (4379)	

CBG

7/2/24	CBG (4754)	
8/2/24	CBG (4778)	
	CBG (4379)	

CBG

PHYSIOTHERAPY

Date

NEBULIZER

NEBULIZER

MMC

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr Jamuna	7-2-24 11:30am	8-2-24 12pm					

PHARMACY

DRUGS REPLACED : 3458

BILL CLEARED : NO: Due

RETURNS CHECKED : [illegible]

AMBULANCE

Other Procedures : (specify) :

E.V[illegible]
2233

~~[illegible]~~
verified done by [illegible]
6.00PM

Sister In-c