



BILLING CARD

Patient Name MRS: Shanthi D.O.A. 18/6/24 Time 11:am

IP No. 1PE2024000126

Room No. CR-W

Rent Per Day 750/day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
18/6/24	11am	EMR	ward	Bhavan

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	:

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 THEA TRE

Date	OT No
Surgeon	Start Time
I Asst. Surgeon	End Time
II Asst. Surgeon	Dis. Pack
III Asst. Surgeon	Diathermy
Anaesthet st	C-Arm
OT Nurse	Arthroscopy
Name of Surgery	Laproscopy
	Sevoflurane / Isoflurane
	Inj. Fentanyl
	Others

Date

LABORATORY

19/6/24 Lipid profile

20/6/24 FBS, PPBS

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

19/6/24 CT Brain

CBG

CBG

18/6/24 1 + 1

19/6/24 4

20/6/24 2

21/6/24 1

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

