



BILLING CARD

Patient Name Mrs. V. Tanaki

D.O.A. 27/4/24 Time 11:30pm

IP No. 2024000592

Room No. 205

Rent Per Day 2000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
27/4/24	12:20 pm	Casualty	2nd floor	R. B. S. S.

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

[illegible]

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

27/4/24 ~~ECG, Chest - xray~~ ~~STg~~ raise. (2405590)

CBG

CBG

27/4/24 ~~200/100~~ (OP 284) OPKB202402008

29/4/24

28/4/24 7am (384)

CBG - ① (5549)

⑤

28/04/24

CBG - 2 (537)

~~CBG - 1 (5549)~~

Date

PHYSIOTHERAPY

29/4/24 Physio given 29/4/24 @ 12.00p

①

NEBULIZER

NEBULIZER

[illegible]

AMBULANCE

BILL CLEARED

RETURNS CHECKED

Due: 2756/-
Tot: 2756/-

Kumpaksnom to midway
Hospital. pick up in our
Ambulance.

Other Procedures : (specify) :-

→ verified by v. May 29
29/4/24 @ 1.00

Admission Officer :

Sister In-charge