BILLING CARD

Patient Name MR. LAL BAHADUR. k D.O.A. 28/5/24 Time 10:05am

IP No. 0024009733

Room No. 207 Rent Per Day 2000

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
28/5/24	10:40am	casualty	2nd Floor	sky.

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

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	:

Date	LABORATORY
28/5/24	CBC/RFT/LFT/Sr. Electrolyte.

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

CBG

29/5/24
CBG - ① (-7079)

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Dr. Kavitha Nedu (Own Case)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

Verified

AG

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total : 1050/-	
BILL CLEARED :	
RETURNS CHECKED : Due : 1050/-	

Other Procedures : (specify) :-

RS 09/5/24

Admission Officer :

Sister In-charge