



BILLING CARD

Patient Name Mrs. A. Bhavani

D.O.A. 4-5-24 Time 7:30 AM

IP No. 202

DIAGNOSIS:- Doe

D.O.D - 4/5/24 6:00 PM

Room No. single room non A/c

Rent Per Day 3000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
4/5/24	8:00 AM	SMR	11B	Chauhan
4/5/24	10:10 AM	III	Labour Room	Sundhy
4/5/24	11: AM	Labour Room	SICU	mani ood 3.
4/5/24	1 pm	Kumari	11B Room	Kumari

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
4/5/24	11 AM	4/5/24	1 pm				

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 :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

4/5/23

11:45am.

⊙ cervix biopsy.

[illegible]

[illegible]