



BILLING CARD

Patient Name MR. Lal BAHADUR IC

D.O.A. 17/6/24 Time 10:30 AM

IP No. 2024000 824

Room No. 215/1

Rent Per Day 2500

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
17/6/24	11 AM	Crescent	2nd floor	P. Vinodhyan

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

17	6	21	CBC, LFT, BFT, Sr electrolyte
----	---	----	-------------------------------

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

[illegible]

CBG

[illegible]**CBG**[illegible]

Date _____

PHYSIOTHERAPY

[illegible]

NEBULIZER

[illegible]

NEBULIZER

DR. KAVITHENDRA (Donley)

[illegible]

PHARMACY

AMBULANCE

OT DRUGS REPLACED : V. Jyanti
BILL CLEARED : Due: - 1415 -
RETURNS CHECKED : Tot: - 1415 -

Other Procedures : (specify) :-

Admission Officer:

Sister In-charge