BILLING CARD

D.O.D - 21/06/24

Patient Name Mrs:- D. Vijaya lakshmi D.O.A. 20/6/24 Time 8:22 Pm

IP No. 288 A-sis-ckd

Room No. single Room A/C Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
20/6/24	9:1 Pm	EMR	Room:-205	Sudha.

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
[illegible]	[illegible]	[illegible]	[illegible]

INFUSION PUMP

Date	Start	Date	Disconnect
[illegible]	[illegible]	[illegible]	

OXYGEN

Date	Start	Date	Disconnect
20/6/24	5:10PM	20/6/24	6:0PM

SYRINGE PUMP

Date	Start	Date	Disconnect
20/6/24	6:30PM	21/6/24	07.20AM.

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEATRE

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

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			
20/6/24	1		

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr praveen sir nephrology	21/6/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : —	
BILL CLEARED : MED:- 205/- Returns:-(-)101/-	
RETURNS CHECKED : Total Rs.104/- 21/6/24	

Other Procedures : (specify) :-

Admission Officer : R. Vinod Kumar

Sister In-charge