

**BILLING CARD**Patient Name Abhwanaya . AD.O.A. 13/5/24 Time 3.00 pmIP No. 2024000675Room No. 210Rent Per Day ₹500**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
13/5/24	4:15 pm	ER	2nd Floor	P. 2220

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

[illegible]

OT. No.

Start Time

End Time

Dis. Pack

Diathermy

C-Arm

Arthroscopy

Laparoscopy

Sevoflurane / Isoflurane

Inj. Fentanyl

Others

LABORATORY

~~CBC, cep (op paid) RFT, so. electrolytes (TP raised)~~

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

[illegible]**CBG**[illegible]**CBG**[illegible]

Date _____

PHYSIOTHERAPY

[illegible]

NEBULIZER

[illegible]

NEBULIZER

[illegible]

Dr. maheshwari. (own case)

[illegible]