

**BILLING CARD**Patient Name MRS - VISALAKH KD.O.A 8/7/24 Time 10:15amIP No. 2024000729Room No. 41W/FRent Per Day 1000**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
8/7/24	11:00am	casualty	general ward	dy

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	:	Laproscopey	:
		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]

Date _____

LABORATORY

271512H CBC (RFT, RBS, urine complete, HbA1c (opk B202402530) .

28/5/24	RFT (70/5)
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RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

28/5/24 CT Angio (202407038)
(peripheral)

CBG

CBG

28/5/24 CBG 06978

(B₁) ① (6985)

28/5/24 7am CBG ① (7000)

1pm CBG ① (7026)

7pm CBG ① (7037)

29/5 7am ① (7067)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref: Dr. Day Sharma.

[illegible]