

BILLING CARD



Patient Name M. Satya Sai

D.O.A. 27/05/24 Time 8:19 pm

IP No. 248

D.O.D - 27/05/24 10:51 pm

Room No. Single Room A/c

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
27/5/24	9:10pm	EMR	201 STEW 200M	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

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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

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Anaesthetist :	C-Arm :
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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

27/5/24 S electrolyte, urine ketones, urine
BFT, 1 FT, B.C.T, viral Charles

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

PHYSIOTHERAPY

[illegible][illegible]

[illegible]

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED : <i>M. Madhu (NODR)</i>	
RETURNS CHECKED :	

Other Procedures : (specify) :-

1. Foley's catheter present at 8:40pm (27/5/24)
2. Ryle's tube present at 8:55pm (27/5/24)

P. Naveen Kumar
Commission Officer:

Ch. Unawat
Sister In-charge