



BILLING CARD

Patient Name Mr. Deraraj.D.O.A. 4/6/24 Time 4 pmIP No. IPB 2024 000106Room No. G.w.Rent Per Day 750 / Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
4/6/24	4 pm	OP	BMR	Kokila
4/6/24	5:30 pm	BMR	ward	Kokila

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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Surgeon :	Start Time :
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	Inj. Fentanyl :
	Others :

[illegible]

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

4/6/24 ECG. 9 mmH / mv / DGB 202400348
chest PA.

CBG

CBG

4/6/24. 2+1.
5/6/24. 5.
6/6/24. 2.
7/6/24. 1
8/6/24. 2.

Date

PHYSIOTHERAPY

5/6/24. 1 visit
6/6/24. 1 visit

NEBULIZER

NEBULIZER

