



BILLING CARD

 Patient Name chaorunathi. N

 D.O.A. 7/6/24 Time 3.50. PM

 IP No. 2024000784

 Room No. 215

 Rent Per Day 1500

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
7/6/24	4.30 PM	Casualty	2nd Floor	Swathy or

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

2/16/24	CBC, CRP, PFT, Electrolytes op paid 20402742
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RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

08/06/21 USG abdomen done - Kalisrijan Scan - Amount Paid
Hospital Ambulance

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]

AMBULANCE

total - 796
nodes.

Other Procedures : (specify) :-

verified by
L. Nithya 2215
8/6/24 at 11pm

Sister In-charge