BILLING CARD

Patient Name Mr. Gaurav D.O.A. 9/6/xxxx Time 10:13 PM

IP No. IPE2024000111

Room No. M.W Rent Per Day 750/Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
9/6/xxxx	8-20 pm	Emr	M. ward.	

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

OPERATION THEATRE

Date	OT No.
Surgeon	Start Time
I Asst. Surgeon	End Time
II Asst. Surgeon	[illegible]
III Asst. Surgeon	Diathermy
Anaesthetist	C Arm
OT Nurse	Arthroscopy
Name of Surgery	Laproscopy
	Sevoflurane / Isoflurane
	Inj. Fentanyl
	Others

Date	LABORATORY
9/6/2024	Fever Profile [CBC, CRP, Dengue NS1 & IgM, MP, Widal,
	Urine Complete
	OP Bill No. MMH/MV/DBIL 202400504
10/6/24	FBS, PPBS, Platelets,
11/6/24	CRP, CBC

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

9/6/24 DATE	ECG OP Bill No. MMH/INV (1) 20240504		

CBG

9/6/24 OP Bill	GRBS (1) MMH/INV/DATE 20240504		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Devi Prasad	9/6/24 (1)	10/6/24 (1)	11/6/24 (1)				
Dr. Parthasarathy	11/6/24 (1)						

PHARMACY	AMBULANCE
DT DRUGS REPLACED	
BILL CLEARED	
RETURNS CHECKED	

Other Procedures specify :-

D.O.A - 9/6/24.

D.O.D - 11/6/24

Sister In-charge