

17 JUN 2024

MH/ PRINT / 0007 / BILL / FO



Master.DHANUSH.P

2/Male/MHFV202403160

15/06/2024/IPV2024000553

BILLING CARD

17 JUN 2024

D.O.A. 15/06/24 Time 5:30pm

Patient Name M. SAKILA

IP No.



Room No. Triple Sharing AC 304 C

Rent Per Day 1200/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
15/06/24	5:30pm	DIRECT ADMISSION	(304) TRIPLE SHARING WARD	M. JITA (OILB)

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 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 :

[illegible]

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

[illegible]

CBG

CBG[illegible]

Date _____

PHYSIOTHERAPY

[illegible]

NEBULIZER

NEBULIZER

[illegible]

[illegible]