

**BILLING CARD**

DOD-24th/24

Patient Name Mrs:- B. Venkata RathamD.O.A. 25-7-24 Time 8:31 PMIP No. 353 353A!- KNEE OF BOTH LOWER LIMBSRoom No. Single Room A/cRent Per Day 4000/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
25/7/24	9:00pm	EMR	202	Chauhan

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

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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

27/7/24 FBS , PPBS



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

26/7/24

MRI Cont Side $\rightarrow$ Paid by Patient

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

