



BILLING CARD

Patient Name Mr. Nagaraj.

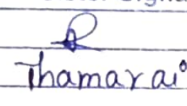
D.O.A. 27/6/24 Time 11:48 pm

IP No. TPF2024000149

Room No. General Ward.

Rent Per Day 450/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
27/6/24	8:30pm	OP	EMR	
27/6/24	12AM	EMR	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

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

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Name of Surgery :	Laproscopy :
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	Inj. Fentanyl :
	Others :

Date	LABORATORY
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Date	LABORATORY
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[illegible]

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

27/6/24

Prana Series - chest pa, Pelvis Ap, c-spine Ap lat.

(Op Bil no: NMH/mv/)
DHE 202400656.

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

