



BILLING CARD

Patient Name Mrs. Rasmell

D.O.A. 01/7/24 Time 8:30 Am

IP No. 2024000154

Room No. CT-19

Rent Per Day 1400 / Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
01/7/24	8:30 Am	Time	Ward.	K. V. [Signature]

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 THEATRE

Date :	OT. No. :
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I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

01/7/24 ✓ CBs, PDS, One Chestnut, HBAlc ~~pool~~
 ✓ HIV, HCV, HBsAg

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

31/7/24 Chest Xray ✓ Not Paid.
Right Foot AP lat ✓ Not Paid.

3/7/24 Xray L S spine AP ✓ Not Paid

CBG

CBG

01/7/24 ① ✓

Date

PHYSIOTHERAPY

6/7/24 ① visit

NEBULIZER Dressing

NEBULIZER

1/7/24 1
2/7/24 1
3/7/24 2
4/7/24 1
5/7/24 2
6/7/24 1
7/7/24 1 ✓

