

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name MRS. PREMA-SD.O.A 8/7/24 Time 18:30PMIP No. 2024000827Room No. 203Rent Per Day 2000**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
8/7/24	7 PM	Casualty	2nd Floor	Savala

OPERATION THEATRE

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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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date _____

LABORATORY	

This image shows a single sheet of white paper with horizontal blue lines for writing. A vertical red line runs down the left side, creating a margin. The paper appears slightly aged or off-white. There are some faint smudges and shadows across the surface, particularly towards the bottom right corner.

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

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]

AMBULANCE

RETURNS CHECKED : DUE - 2845/

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge