



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name M. Krishna, 50y/Male

DOD-13/7/24

IP No. 331D.O.A. 10/07/24 Time 9:16 pmRoom No. General ward

A - SOB

Rent Per Day 1800/- day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
10/7/24	9:38 AM	OPD	R - G/W	Asha 43

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 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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

11/7/24 FBS.
11/7/24 PPBS

[illegible]

[illegible]