



BILLING CARD

Patient Name MRS: Thoulath begam

D.O.A. 07/07/24 Time 5:30pm

IP No. IDE 2024 000168

Room No. G1-19

Rent Per Day 1400 / Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
07/07/24	5:30pm	OP	EMR	Kolala
7/7/24	7:30pm	BMR	ward	Thoulath begam

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	:	Laprosopy	:
		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

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

7/07/24	CT Brain (Paid OP)	
	X-ray C-Spin. A	
14/7/24	MRI Brain (velummen San)	

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

