

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Mrs. P. AnyammaD.O.A. 20/7/24 Time 13:00pmIP No. 0024000 958Room No. 676-mRent Per Day 1000/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
20/7/24	1:50pm	Casualty	2nd Floor	sky

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

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

[illegible]

10/17/24	CBC, RFT, CFT, Sr. electrolyte, RBS, urine complete, (OPKB 202403716)
----------	---

[illegible]

Ref:- Do. ANR. Ravighakar

[illegible]

PHARMACY

AMBULANCE

OT DRUGS REPLACED : Total: 1417
BILL CLEARED : NO: due
RETURNS CHECKED : P. kala

Other Procedures : (specify) :-

Foley's catheter done on casualty (2017/24).

Admission Officer :

Sister In-charge