



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Ms. K. Vameika, 20y/F

D.O.A. 2/8/24 Time 10:57 AM

IP No. 370

1st 9th 5- Fever Evaluation

Room No. 10114C

Rent Per Day 3000/day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
2/8/24	12pm	2MR	102 room	P. Sandya 0017

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

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Date

LABORATORY

4/8/24 SGOT, SGPT, TC, DC, platelet count, S. Bilirubin-
Direct, indirect, ALP.

6/8/24 TC, DC, Platelet count

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

2/8/24 chest x-ray

CBG

4/8 1

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]