



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Ch. Saraswathi: 70/F

DDP:- 5/8/24
D.O.A. 2/8/24

Time 1:42 PM

IP No. 371

Room No. Single room Non Ac

Rent Per Day 3000

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
9/8/24	2:30pm	OPD	112-Room	Smidun - 0041

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

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	Inj. Fentanyl :
	Others :

Date

LABORATORY

3/8/24

urinal Specific gravity

