

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Mr. Arun Pandeyan.D.O.A. 29/07/24 Time 11:15 pmIP No. 2024000986Room No. GWM.Rent Per Day 1000 —**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
<u>29/7/24</u>	<u>12:25pm</u>	<u>ER</u>	<u>GILWARD</u>	<u>P.O 22</u>

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

[illegible]

LABORATORY

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

29/7/24 chest xray, CT scan
 of spine screening
 + follow up

29/7/24 ECG - CspcB2024063878

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

(Dr. Sinobkumar)

[illegible]