

**BILLING CARD***Call***MH/ PRINT / 0007 / BILL / FO**

Patient Name

M. Satish : 32/11

D.O.B.

D.O.A. 1/8/24Time 7:26 PM

IP No.

367Asst.VOMITINGS / DIARRHOEA

Room No.

single room NM AC

Rent Per Day

3000**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
<u>1/8/24</u>	<u>8:20pm</u>	<u>EMR</u>	<u>1st floor ROOM 102</u>	<u>Kumari</u>

OPERATION THEATRE

Date :	OT No. :
Surgeon :	Start Time :
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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Date

LABORATORY

2/8/24 - Urine ketones, HIV card, HB A/C.

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

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]