

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name B/o, Mafina JarveonD.O.A. 7/8/24 Time 14:10 pmIP No. 2024001032Room No. NDCRent Per Day 4100/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
7/8/24	2.10pm	Direct admission		SLA Jayanthi
11/8/24	8pm	NDC	and Room	N.V. Jayanthi

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
7/8/24	2.10pm	11/8/24	8pm				

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
8/8/24	8.30am	9/8/24	8.30am	7/8/24	2.10pm	11/8/24	2pm.

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
			Venti	7/8/24	2.15pm	8/8/24	8:30 am
			Venti	9/8/24	8.30am	10/8/24	9am
			CPAP				

OPERATION THEATRE

[illegible]

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

7/8/24 chest x-ray (10023)
 9/8/24 chest x-ray bedside (10099)

CBG

CBG

7/8/24 CBG-③ (10023) 10/8/24 CBG-2 (10126)
 CBG-1 (10039) CBG-② (10142)
 8/8/24 11/8/24
 CBG-2 (10039) CBG-1 (10176)
 CBG-② (10068) CBG-2 (10203)
 9/8/24 12/8/24
 CBG-2 (10083) 6am (10223)
 CBG-② (10101)

24

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

