



# BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. Penaka Tanaki

DOB: 14/8/24

IP No. 387

D.O.A. 11/08/24 Time 10:35 AM

Room No. Single Room 101 AC

(11) Pelvis #

Rent Per Day 3,000/- day

## TRANSFER DETAILS

| Date    | Time  | From | To    | Sister Signature |
|---------|-------|------|-------|------------------|
| 11/8/24 | 11 AM | EMR  | 101-R | D. Tulcei        |
|         |       |      |       |                  |
|         |       |      |       |                  |
|         |       |      |       |                  |
|         |       |      |       |                  |
|         |       |      |       |                  |

## 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 |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
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|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

## OXYGEN

## SYRINGE PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

## ALPHA BED / SCD PUMP

## VENTILATOR

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
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[illegible]

Date \_\_\_\_\_

•

OT. No.

•

## Surgeon

•

Start Time

• •

I Asst. Surgeon

•

End Time

2

II Asst. Surgeon

—

Dis. Pack

2

III Asst. Surgeon

—

## Diathermy

10

Anaesthetist

2

C-Arm

2

OT Nurse

•

## Arthroscopy

1

Name of Surgery :

•

## Laproscopy

•

Sevoflurane / Isoflurane :

2

Inj. Fentanyl

•

Others

8

Date \_\_\_\_\_

## LABORATORY

12/8/24

Fasting lipid profile, Fasting thyroid profile, RBC, HbA<sub>1c</sub>, Urine .

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

12/8/24 Chest X-ray, 2D Echo  
Paid by patient

CBG

|      |   |   |   |
|------|---|---|---|
| 11/8 |   |   |   |
| 12/8 | 1 | 1 | 1 |
| 13/8 | 1 | 1 | 1 |
| 14/8 | 1 |   |   |

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]