

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name P. Subhadra; 87/FD.O.A. 14/8/24 Time 1:30 PMIP No. 393

"A" SPS - 400 Sepsis

Room No. Single room AC

Rent Per Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
14/8/24	2pm	212	202 room	P. Sandya 08/12

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

OPERATION THEATRE	
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Date	LABORATORY
16/8/21	IT, DC Urine microscopy.
17/8/24	Sr. Bilirubin → direct → indirect SGOT SGPT
18/08/24	ALP, Sr. Creatinine, Sr. electrolytes - Na ⁺ stool for occult blood → K ⁺

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

[illegible]

	m	CBG	E	Δ1	CBG		
14/8/24				①			
15/8/24	1		1				
16/8/24	1		1				
17/8/24			1				
18/8/24	1		1				
19/8/24	1		1				

Date _____

PHYSIOTHERAPY

[illegible]

NEBULIZER

NEBULIZER

