

RT 10:30 AM

18/8/24

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. prema RD.O.A. 15.08.24 Time 10amIP No. Ip12024000 701Room No. 309Rent Per Day 1500/-**TRANSFER DETAILS**

| Date     | Time     | From | To            | Sister Signature |
|----------|----------|------|---------------|------------------|
| 15/08/24 | 11:30 AM | BR   | 117 nd Pl/oon | J. M. / 2222     |
|          |          |      |               |                  |
|          |          |      |               |                  |
|          |          |      |               |                  |
|          |          |      |               |                  |
|          |          |      |               |                  |

**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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## 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 :                   |

| Date    | LABORATORY                                                                 |
|---------|----------------------------------------------------------------------------|
| 15/8/24 | CBC, CRP, RFT, LFT, HBA1C (5746)                                           |
|         | Blood U/s (5747) <sup>Elisa</sup> Dengue profile (5757)                    |
|         | Widal (5748)                                                               |
| 16/8/24 | Fasting Lipid Profile, TFT (Free), Na <sup>+</sup> , K <sup>+</sup> (5771) |
| 16/8/24 | Serum Lgm (5835) Hepato Lgm (5807)                                         |
|         | CBC, Na <sup>+</sup> , K <sup>+</sup> (8006) Urine ALU (5770)              |
| 17/8/24 | Na <sup>+</sup> , K <sup>+</sup> (5833)                                    |
| 18/8/24 | Na <sup>+</sup> , K <sup>+</sup> (5857)                                    |

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

15/8/24 X-ray (5749) ✓  
Chest

ECG (5749) ✓

16/8/24 U.S.G Abdomen (5793) done by Dr. J.S.P.S. ✓

CBG

15/08/24 1 (5750) ✓

CBG

16/8/24 1+ (5773) ✓ 2 (5834) ✓

17/8/24 1+ (5834) + 2 (5858)

18/8/24 (+ 15858)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

