

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name

Mrs. K. Kowsalya

D.O.A. 18/6/24 Time 5:30 AM

IP No.

2024001058

Room No.

610-F

Rent Per Day

1000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
18/6/24	6:00 AM	ER	610000	8/05/24

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

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

16/8/24 ECG - 1 op paid (BRKV 202402122) OP Paid.

CBG

16/8/24 CBG - 2 (op paid)
 16/8/24 CBG (1) (10433)
~~17/8/24 CBG (1) (10433)~~
~~17/8/24 CBG (1) (10433)~~
 17/8/24 CBG (1) (10488)
 17/8/24 CBG (2) (10492)
 17/8/24 CBG (1) (10497)
 18/8/24 CBG (1) (10501)
 18/8/24 CBG - (2) (10567)
 19/8/24 CBG - (1) (10511)

Date

CBG

19/8/24 CBG - (2) 6 10602)
 20/8/24 CBG (1) (10621)
 20/8/24 CBG - (1)

(17)

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]

AMBULANCE

RETURNS CHECKED :

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge