



BILLING CARD

Call

MH/PRINT/0007/BILL/FO

Patient Name S. Lakshmi; 45/F

DOD 21/8/24

IP No. 394

D.O.A. 16/8/24 Time 12:11 PM

Room No. Single room non AC

Δ: SOB

Rent Per Day 3000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
16/8/24	12pm	ER	ICU room	P. Sanyal 06/2
17/8/24	7:30pm	Room 101	SICU	Shan
18/8/24	3:30pm	SICU	ICU Room	G. V. Durga 003.

OPERATION THEATRE

Date :	OT No. :
Surgeon :	Start Time :
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
16/8/24	7:0 PM	18/8/24	3:30pm				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
17/8/24	6:30 AM	18/8/24	7:30 AM				

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE	
Date :	OT. No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
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	Others :

[illegible]

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

11/8/24 (X-ray Abdomen erect)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

6/8/24

12/8/24

18/8/24

24/8/24

30/8/24

	1	
1-1	1	1
1	1	
1	1	1
1	1	1

