

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

D.O.B. 19/8/24

D.O.A. 18/08/24 Time 7:36 PM

Patient Name Karumuri. SatyavathiIP No. 399Room No. Single Room ACRent Per Day 4000/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
18/8/24	7:50pm	EMR	203 Room	G. V. Dinga.

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

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEATRE

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	Inj. Fentanyl :
	Others :

Date

LABORATORY

18/8/24 CBC, RFT, S
 Sr. Electrolytes, Urine Microscopy } Paid in O.P basis

