

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Cash

DAD: 24/8/24

D.O.A. 22/8/24 Time 12:35 PM

Patient Name M. Suryanarayana; 20/11IP No. 409Room No. single room ACRent Per Day 4000/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
22/8/24	12pm	ERL	202 room	P. Sanyal

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

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

Date :	OT. No. :
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I Asst. Surgeon :	End Time :
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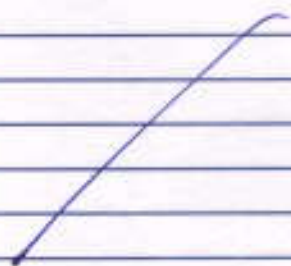
Date

LABORATORY

22/8/24 viral marks, .

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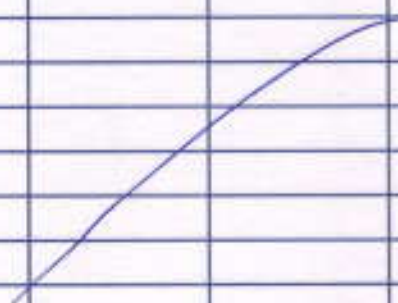
RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER



CBG

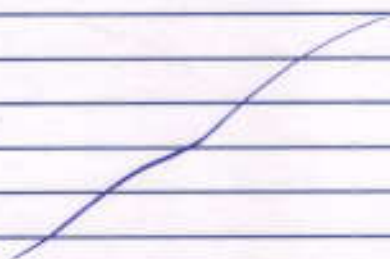


CBG



Date

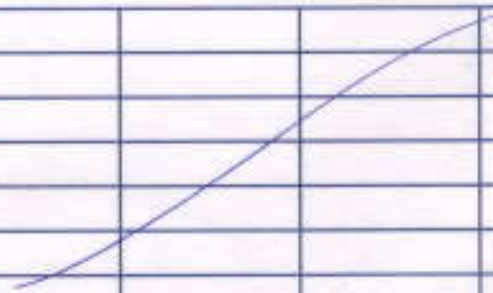
PHYSIOTHERAPY



NEBULIZER



NEBULIZER



[illegible]