

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Chia-RITH VIN, H.D.O.A. 27/8/24 Time 05:15amIP No. 2024001093Room No. 207Rent Per Day 2000**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
27/8/24	6 ³⁰ am	Casualty	2 nd Floor	S/n celin (2230)

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

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Date

LABORATORY

27/8/24 CBC, CRP, Electrolytes, Increased calcium (10.846)
(op^d paid)

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

27/8/24 CT - Brain (Medday Hospital)
 27/8/24 Pt shifted to Sreeganga Hospital (EEG) Pt Paid, Hospital Ambulance.

CBG

CBG

27/8/24 CBG.

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

MMU

[illegible]