

**BILLING CARD**

MH/PRINT / 0007 / BILL / FO

Patient Name M. Pradiyuma; 8/nD.O.A. 27/8/24 Time 7:45 PMIP No. 422Dsis: Fever DOD - 29/8/24Room No. Single room non ACRent Per Day 3000/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
27/8/24	8 PM	Emp	201-R	O. Tulasia (CCU)

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

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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Date

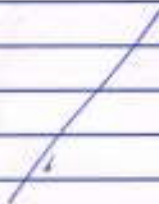
LABORATORY

28/8/24 Blood Culture, TUE
 28/8/24 LFT CBC T ESR CRP serum. Electrolytes

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

28/8/21

ECG



CBG



CBG



Date

PHYSIOTHERAPY



NEBULIZER



NEBULIZER

