

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. R. Rama Linga Murthy

000:- 50/8/24

D.O.A. 29/8/24 Time 9:12 P.M.IP No. 427

34/M

Room No. NM ACRent Per Day 3,000/- day**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
29/8/24	9pm	EMP	203	Kumari

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**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

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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

29/8/24

~~ECG~~ ECG

CBG



CBG



Date

PHYSIOTHERAPY



NEBULIZER



NEBULIZER



[illegible]