



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Baby S. Sathvik

D.O.A. 2/9/24 Time 10:15pm

IP No. 2024001124

Room No. 6th floor 215

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
21/9/24	10:40pm	casualty	At Ward Floor	Dr. S. Sathvik

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

[illegible]

LABORATORY

BRNO 20240225)

C MKB 2024 4830

op pond

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

21/9/24 xray chest (CRKV 202409224)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]

Verified
A.C.

AMBULANCE

OT DRUGS REPLACED : 8. Int
BILL CLEARED : Total - 726
RETURNS CHECKED : none.

Other Procedures : (specify) :-

3/9/24

Admission Officer :

Sister In-charge