

Cash



# BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name P. Kartham 65/RD.O.B. 10/9/24D.O.A. 03/09/24 Time 9:28 pmIP No. 441Room No. Female g/w

Δ RT HIP HS Anemia  
 Rent Per Day \_\_\_\_\_

## TRANSFER DETAILS

| Date   | Time  | From | To          | Sister Signature |
|--------|-------|------|-------------|------------------|
| 3/9/24 | 10 PM | EMP  | Female ward | D. Tulasi 0045   |
|        |       |      |             |                  |
|        |       |      |             |                  |
|        |       |      |             |                  |
|        |       |      |             |                  |
|        |       |      |             |                  |

## 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 |
|--------|---------|--------|------------|
| 4/9/24 | 1:30 pm | 4/9/24 | 4:45 pm    |
| 5/9/24 | 1:30 pm | 5/9/24 | 4:15 pm    |
| 6/9/24 | 6:20 pm | 6/9/24 | 8:40 pm    |
| 8/9/24 | 4:50 pm | 8/9/24 | 7:10 pm    |

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

**CBG**

06/09/20

[illegible]

## CBG

[illegible]

## Date \_\_\_\_\_

## PHYSIOTHERAPY

[illegible]

## NEBULIZER

8/9/24

[illegible]

## NEBULIZER

[illegible]

[illegible]