



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

DOD: 15/9/24

D.O.A. 10/9/24 Time 4:20 PM

Patient Name P. Kantham; 65/f

IP No. 457

Room No. Female general ward

Δ: (Rt) Hip #

Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
10/9/24	4pm	Reseph's	Flw	blaney
11/9/24	7:30am	Flw	slcw	Cheneth
11/9/24	6:10pm	SITU	Flw	Uma 0043

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
11/9/24	7:30am	11/9/24	6:10pm				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
11/9/24	7:30pm	11/9/24	11:00AM				

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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 :

LABORATORY

Date	
14/9/24	Hb.

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

14/9/14 ECG

CBG

CBG

11/9/14

PHYSIOTHERAPY

Date

NEBULIZER

NEBULIZER

