

**BILLING CARD**

Call DOD - 06/09/24
MH/ PRINT / 0007 / BILL / FO

Patient Name G. Satyavani : 65/FD.O.A. 5/9/24 Time 10:50 AMIP No. 443Δ: CoughRoom No. Single room 1051 ACRent Per Day 3000**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
5/9/24	11 AM	EMR	101 room	P. Sanyal 0017

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

Date :	OT. No. :
Surgeon :	Start Time :
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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

5/9/24 CRP, RET, Sr. electrolytes, urine ≤ 8 , TLC, DLC
montoux test

6/9/24 FBS, PPBS, Sputum for AFB (2 samples)

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

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

