

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name Baby. Arunkarthi. AD.O.A. 5/9/24 Time 11.30amIP No. IPKB2024001135Room No. 215 - 2nd floorRent Per Day 1500 /-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
5/9/24	12.30pm	casualty	2nd Floor	Aty

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	Date	Start	Date	Disconnect

INFUSION PUMP**OXYGEN**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP**ALPHA BED / SCD PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

VENTILATOR

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 :

Date

LABORATORY

5/9/24 CBC, CRP, RFT, Ss. electrolyte. (op paid)
(OPKB202404646)

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

6/9/24

USG abdomen gynoid malignancy scan fluid
hospital ambulance.

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

