



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. Doongothai

D.O.A. 05/09/24 Time 5pm.

IP No. 2024000287

Room No. Ward. 207

Rent Per Day 1400 / Day.

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
05/09/24	5pm.	EMR	Ward - 207	Smithy P.
6/9/24	11:30pm	Ward 207	Ward - 211	Elavvasi.

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
05/09/24	5pm.	6/09/24	6pm.				

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

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Date	LABORATORY
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[illegible]

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

05/09/24 CT - Brain. X-ray Chest-PA
 05/09/24 ECG → MM H/V MV DME802422119

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER - dressing

6/9/24

1

[illegible]