



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Santa, SubhantD.O.A. 6/09/24 Time 1:30 AMIP No. 446

D:

DOD 11/09/24Room No. Male g/w

Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
6/9/24	2:10 AM	EMR	male ward	G. V. Durga 0053.

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

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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	Inj. Fentanyl :
	Others :

Date _____

LABORATORY

[illegible]

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

9/9/24 ECG.

CBG

CBG

6/9/24

1

Date

PHYSIOTHERAPY

7/9/24

1

(Dr. pawan)

8/9/24

1+1

(Dr. pawan)

9/9/24

1

(Dr. pawan)

NEBULIZER

NEBULIZER

