



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name J. Venkataramana; 58/M

D.O.A. 10/9/24 Time 12:01 PM

IP No. 456

D. Dengue fever.

Rent Per Day 1800/-

Room No. General ward

TRANSFER DETAILS

Sister Signature

Date	Time	From	To	Sister Signature
10/9/24	12:30 PM	SHR	Male ward	P. Sanyal 8072

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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III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm ✓ :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :
LABORATORY	
Date	11/9/19 platelet count, BCT, viral marker, urine ^(R) _(M)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Scanned with OKEN Scanner