

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name child. Harvika .kD.O.A. 10/9/24 Time 18.00 amIP No. 1PKB2024001160Room No. 201Rent Per Day 2000/-**TRANSFER DETAILS**

| Date    | Time   | From     | To        | Sister Signature |
|---------|--------|----------|-----------|------------------|
| 10/9/24 | 1:00am | Casualty | 2nd Floor | Shy              |
|         |        |          |           |                  |
|         |        |          |           |                  |
|         |        |          |           |                  |
|         |        |          |           |                  |

**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 |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

| 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 :                   |

[illegible]

[illegible]

[illegible]

## AMBULANCE

OT DRUGS REPLACED : V. Juyar  
BILL CLEARED : no due  
RETURNS CHECKED : Totl. 870/-

Other Procedures : (specify) :-

verified by

T. kangale

12/9/24 @ 10:15 AM

Admission Officer :

B. N. y.

Sister In-charge