

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

DOD - 13/9/24

Patient Name Mrs P. Hemalatha

age - 64y/F

D.O.A. 10-9-24 Time 11:14

IP No. 459Δ - Arthritis for evaluationRent Per Day 3000/-Room No. single non A/c**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
10/9/24	11:30pm	EMR	2nd floor Room 10	Sudha

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

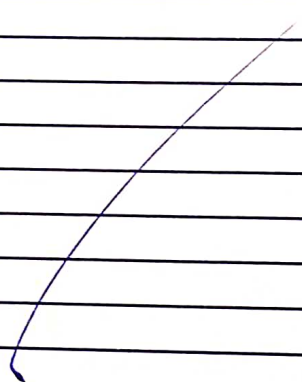
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Date

LABORATORY

13/9/24

S. potassium



11/9/24 c/s abdomen (fracture patient) → outside
12/9/24 ECG

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

