



BILLING CARD

MH/PRINT/0007/BILL/FO

Cash

DOB - 14/9/24

D.O.A. 11/9/24 Time 2:38 PM

Patient Name K. Ramanamma; 46/F

IP No. 460

Dis: Diarrhea

Room No. General ward

Rent Per Day 1800/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
11/9/24	3pm	ER	Female ward	P. Sanyal 00/7

OPERATION THEA TRE

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 THEA TRE

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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

11/9/24

HIV Screening.

[illegible]

