

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Mr. D. CalviniD.O.A. 12/9/24 Time 10:30pmIP No. 200400 1172Room No. ICURent Per Day 4100/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
12/9/24	11 PM	Casualty	DIP	SN Subana
15/9/24	7 am	ICU	3rd floor	P. K. S.

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
12/9/24	11 PM	15/9/24	7 am

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

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

12/9/24

2ccy.
x-ray chest (OP paid.)

13/9/24

ECHO (11687)

CBG

CBG

12/9/24
11pm

(11645)

9pm

(11665)

1pm

(11686)

12/9/24
7pm

(11725)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]

Verified

 $1+1+1$

~~Attender 1804 am 12/9/20 @ 11:30pm @ 202~~

PHARMACY

AMBULANCE

OT DRUGS REPLACED : V. Jayashri

BILL CLEARED : No due.

RETURNS CHECKED : Tot:- 9654/-

Other Procedures : (specify) :-

Verified by
D. Flarini
12-24 16/9/24

Admission Officer :

Sister In-charge