

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Baby. P. Phashwanth-DD.O.A. 13/9/24 Time 08:40pmIP No. 2024001180Room No. 267Rent Per Day 200/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
12/9/24	19:30PM	Casualty	IT not clear	S/N Subarna

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

[illegible]

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

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

12/9/24
um
Pan 149,
Tam.

Ref: D. morivanna

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
maheshwari	13/9/24	14/9/24	15/9/24				
	✓	10am	12pm				
		10pm	✓				
		✓					
PHARMACY				AMBULANCE			
OT DRUGS REPLACED : Total : 4112 /-							
BILL CLEARED :							
RETURNS CHECKED : NO due.							
Other Procedures : (specify) :-							
Admission Officer :				Sister In-charge			