



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Child - Likhik R

D.O.A. 17-09-24 Time 9.45am

IP No. IP19024000

Rent Per Day 1500/-

Room No. 309

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
17/9/24	11 am	G.D.	3rd Floor Room 309	Kishoreni 3022

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

OPERATION	
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 :

LABORATORY

[illegible]

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

17/8/24 B CXP C6588 X

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Neb (19/9/24) - ①

[illegible]