

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

DOD - 22/09/24

Patient Name Mr. G. Manikanta, 194/MD.O.A. 19/9/24 Time 5:39 PMIP No. 461Rx (R) HemorrhoidRoom No. 102Rent Per Day 3,000/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
19/9/24	6pm	End	102 room	P. Sandya

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**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

OT. No.

Start Time :

End Time :

Dis. Pack :

Diathermy :

C-Arm :

Arthroscopy :

Laparoscopy :

Sevoflurane / Isoflurane :

Inj. Fentanyl :

Others	:
--------	---

LABORATORY

20/9/24	FBS, PPBS
---------	-----------

2019/24 Urine ketones.

21/9/24	CBC, SGOT, SGPT
---------	-----------------

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

21/9 Chest x-ray [PACIO] screening

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]