



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. R. Jagannadham, 55y/M
IP No. 480
Room No. 101

DOD: 20/9/24
D.O.A. 19/09/24 Time 5:21 P.M
Δ: CVA
Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
19/9/24	5:30pm	END	101 room	R. Sridharan 007
19/9/24	10 AM	R-101	81CU	

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
19/9/24	10PM	20/9/24	7:20AM

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

[illegible]

LABORATORY

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

CBG

CBG

20/9/74

1

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]