



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. Anurachudra

D.O.A. 21/9/24 Time 5.20pm

IP No. IPCB 2024 001218

Room No. 208

Rent Per Day 2000 /-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
21/9/24	6.20pm	Casualty	Emergency	[Signature]

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	Date	Start	Date	Disconnect

INFUSION PUMP

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

VENTILATOR

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

21/9/24 ECG, Chest X-ray (202414990) (CPK13202404990)
(PPR2)

26/9/24 usg abdomen kalirajan scan on ambulance

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Prof: Dr. Prabhavathi. O.G.

Date	Date	Date	Date
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[illegible]