

Convert to Medical Management.



BILLING CARD

MH/ PRINT/ 0007 / BILL / FO

Patient Name N. Paparatham, 58/F

IP No. 492

Room No. Female general ward

4515 - Fibula Implant Rem
D.O.A. 23/9/24 Time 2:42 PM

Δ. Fibula #1000. 24/9/24

Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
23/9/24	2:10 PM	EMR	Flw	Sudhy.

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

OPERATION THEATRE

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Date _____

LABORATORY

[illegible]

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

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]