

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name child - Sri harini .kD.O.A. 23/9/24 Time 7:35 pmIP No. IPKB2024001229Room No. 217Rent Per Day 2000 /-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
23/9/24	8:15 pm	ICU	ICU floor	Sri Sankar

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 :	Laproscopey :
	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	Patient Name	LABORATORY
23/9/24	Widal	Sr Electrolyte (op. paid)
24/09/24	crche complete	(12/78) 2 BP B

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

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

24/9 - 6

25/9 - 4

26/9 - 3

27/9/24 - 5

28/9/24 - 1

(Ref:- Mathi Ambulance 2000 paid)

[illegible]