

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. KamalrajD.O.A. 26/9/24 Time 12:30 AMIP No. 2024000328Room No. 206Rent Per Day 1680/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
26/9/24	12:30 AM	EMR	WARD (206)	

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
26/							

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
26/9/24	10 PM	26/9/24	10 PM				

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE	
Date :	OT. No. :
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	Inj. Fentanyl :
	Others :

[illegible]

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

26/9/24	CT-CHEST	MMH	MV	DGB	202401328	
26/9/24	X-ray C-SPINE		30/9/24	ECG, Echo.		TA Rad 519.
	X-ray LS SPINE		1/10/24	ECG		
	ECOCYZ		2/10/24	ECG		
26/9/24	Chest-X-ray.					
27/9/24	Chest Xray.					
28/9/24	Chest ray AP.					

CBG

CBG

Date

PHYSIOTHERAPY

29/9/24	① - visit
30/9/24	① - visit
01/10/24	② - visit
03/10/24	② - visit
4/10/24	② - visit

NEBULIZER

NEBULIZER

