

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name G. Sathyanarayana Murthy; 72/M D.O.A. 26/9/24 Time 4:14 PM
IP No. 502 DOD - 11/10/24
Room No. Single room AC Rent Per Day 4,000/24

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
26/9/24	5 PM	EMR	AC ROOM	D. TULASI (CONS)

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
26/9/24	3 PM	30/9/24	12:30 PM

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

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

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