

# BILLING CARD

MH/ PRINT / 0007 / BILL / FO



Child: ARPAN GIRI  
6 Male / MHM202407190  
26/09/2024 / PM2024000879

Patient Name \_\_\_\_\_

IP No. \_\_\_\_\_

Room No. \_\_\_\_\_

Dr. DINESH



D.O.A. 26/9/24 Time 8:00

Rent Per Day 7500/-

## TRANSFER DETAILS

Date	Time	From	To	Sister Signature
26/9/24	9.15 PM	ER	ICU	<i>[Signature]</i>

## 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
26/09/24	9-15pm	27/9/24	9am				

## OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
26/09/24	9.15pm	27/9/24	6am				

## ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

## VENTILATOR

Date	Start	Date	Disconnect





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

EEG /

CBG

CBG

27/09/24

① + ① + ① (6885)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

