



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. Tahira Khan

D.O.A. 28-09-24 Time 11 am

IP No. IP12024000885

Room No. 303

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
28/9/24	12:20pm	BR	3 rd floor (269)	C/N Asla

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

[illegible]

LABORATORY

~~CBC~~/~~C~~, ~~RAI~~, ~~Urinal/E~~, ~~H/A/C~~ (6938)
~~LET~~ (6939)

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

28/9/21, ECG ~~X-ray~~ ^{Pelvis} AP/lat, X-ray, (6949)
Ls spine

28/9/21 usg abdomen and pelvis (6949) DR. Sankhod,
29/9/21 MRI spine & whole spine screening [6950] 6979)
(Lumbarsacral spine) Done by Golden Lyman

CBG

28/9 CBG 2 (6950)

29/9 CBG 1 (6989) 2 (6980)

30/9 3 (7002)

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

