

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name P. Venkatarao; 70/MD.O.A. 30/9/24 Time 1:22 PMIP No. 569Room No. Single room Non ACRent Per Day 3000/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
30/9/24	2pm	ERL	201 room	P. Sandya 007

OPERATION THEATRE

Date :	OT No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathomy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

INFUSION PUMP**OXYGEN**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP**ALPHA BED / SCD PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

VENTILATOR

OPERATION THEATRE

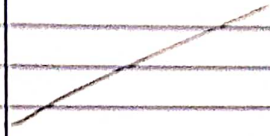
Date
 Surgeon
 I Asst. Surgeon
 II Asst. Surgeon
 III Asst. Surgeon
 Anaesthetist
 C.R. Nurse
 Name of Surgery

C.R. No.
 Start Time
 End Time
 Dis. Pack
 Dressing
 G. Kit
 Antiseptic
 Laparotomy
 Suction / Irrigation
 Lig. Pouch
 Others

LABORATORY

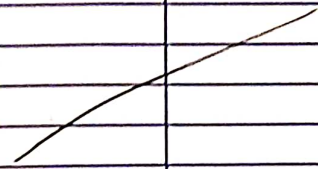
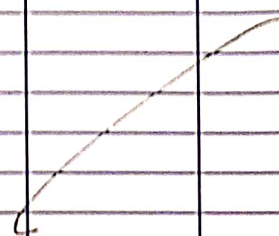
Date
 20/9/24 CBC, ESR, URP, HbC
 23/9/24 TLC, CRP
 4/10/24 S. Electrolyte, CRP, TLC, HbC, Urine Rones
 5/10/24 S. Electrolyte

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



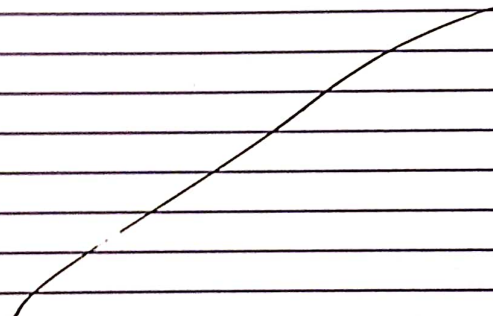
CBG

CBG



Date

PHYSIOTHERAPY



NEBULIZER

NEBULIZER

