



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. D.B. Patmaja age 57

DOB 30/9/24

D.O.A. 29-9-24 Time 8:56pm

IP No. 506

Δ:- General weakness & Vertigo

Room No. single Room A/c

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
<u>29/9/24</u>	<u>9:45pm</u>	<u>EMR</u>	<u>205 Room.</u>	<u>A. Sridewi - 0041</u>

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

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Date _____

LABORATORY

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