

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name B. Durge Prasad : 39/11

D.O.B.:- 5/10/24

D.O.A. 30/9/24 Time 5:02pm

IP No. 511

Diagnosis:- CVA

Room No. Single room non AcRent Per Day 3000/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
30/9/24	5:30pm	EMR	102 room	P. Sandya a/f

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

OPERATION THEATRE

Date :	OT. No. :
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II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
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	Inj. Fentanyl :
	Others :

LABORATORY

[illegible]

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

1/10/24 ECG, 2D ECHO (Paid by patient) → Screening only (500/-)

CBG

CBG

30/9/24

1/10/24

2/10/24

Date

PHYSIOTHERAPY

1/10/24 t, Physiotherapy done Dr D.S. Lahari (1+1)
 2/10/24 physiotherapy done by Dr D.S. Lahari (1+1)
 3/10/24 physiotherapy done by Dr. D.S. Lahari (1+1)
 4/10/24 physiotherapy done by Dr. D.S. Lahari (1+1)
 5/10/24 physiotherapy done by Dr. D.S. Lahari (1+1)

NEBULIZER

NEBULIZER

