



B.O. RAJESHWARI D
 0. Male.MHV202404908
 30/09/2024/1PV2024000913

Pa: Dr.(MAJOR) SATISH KUMAR
 IP:



BILLING CARD
 04 OCT 2024

MH/ PRINT / 0007 / BILL / FO
 D.O.A. 30/09/24 Time 2:10 pm

Room No. Nursery Ward

Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
30/9/24	3:10 pm	OT	ward (cradle)	Shyha 2/41

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

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEATRE	
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Anaesthetist :	C-Arm :
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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

[illegible]**CBG**

30/9/24	1+1+1+1
11/10/24	1+1+1+1+1
	1+1+1+1
2/10/24	1+1

Date _____

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]