



BILLING CARD

Patient Name Mr. Prakesh.

D.O.A. 7/10/24 Time 11-38 AM

IP No. IPB 2000360

Room No. G.W-3.

Rent Per Day 750 / Day.

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
7/10/24	2.30pm	OPD	Ward. G.W-3.	<i>hash</i>

OPERATION THEA TRE

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 THEA TRE	
Date :	OT. No. :
Surgeon :	Start Time :
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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

10/10/20	Bilirubin.
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7/10/24 ECG MMH / MV / DGR 2024 01432.

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

