

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name

Mr. SEENU R

50/Male/MHM202407283

02/10/2024/1PM2024000908

IP No. _____

Dr. ARAVINDH

Room No. _____

D.O.A. 2/10/24 Time 12:10 PMRent Per Day 1500/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
2/10/24	12:50 AM	ER	3rd Floor	S. K. S. 3225

OPERATION THEATRE

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

[illegible]

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

2/10/24 CECT abdomen (Foss)

CBG

CBG

3/10/24 CBG (104)
CBG (114)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]