

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Mr. T. SchramD.O.A. 2/10/24 Time 8:50 PMIP No. 2024001273Room No. 6110-MRent Per Day 1000/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
2/10/24	10:30 PM	Casualty	6110-M	Shubana

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	Date	Start	Date	Disconnect

INFUSION PUMP**OXYGEN**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP**ALPHA BED / SCD PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

VENTILATOR

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

8/10/24

CT brain, ECG (OP) (OPRB202405245)
OP R&C

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]

AMBULANCE

OT DRUGS REPLACED	:	V. Jyoti
BILL CLEARED	:	No due,
RETURNS CHECKED	:	Tot:- 1189/2

Other Procedures : (specify) :-

STN) Leathin
2236
03/10/24 @ 08:56

Admission Officer : 

Sister In-charge