

**BILLING CARD**

Cash
MH/ PRINT / 0007 / BILL / FO

Patient Name CH. Ram Babu, 69Y/MD.O.A. 05/10/24 Time 2:10 PMIP No. 526

* 595/- Fever Evaluation

Room No. Male General wardRent Per Day 1800/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
05/10/24	2:10pm	ENR	Male ward	P. Sangeeta 007

OPERATION THEATRE

Date :	OT No. :
Surgeon :	Start Time :
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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Date	LABORATORY
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5/10/24	HIV, HCV, HBsAg, Sr. creatinine.
9/10/24	LFT, TC, DC, platelet count, RA Factor, Anti CCP

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

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CBG

CBG

5/10

1

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Date

PHYSIOTHERAPY

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NEBULIZER

NEBULIZER

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