



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name MR. Gunasekaran

D.O.A. 7/10/24 Time 9.30pm

IP No. 1PE2024000262

Room No. GT-214

Rent Per Day 1400/ Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
7/10/24	9.30pm	EMR	ward	Bhu.

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
7/10/24	8.50pm	7/10/24	9.30pm

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

Date :	OT. No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
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Anaesthetist :	C-Arm :
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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

7/10/24. CT Brain, Chest X-Ray AP. (MMH/MV/DGE 202401437)
 @Side Shoulder AP.

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]