

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Mr. J. Mahesh BabuD.O.A. 10/10/24 Time 11:30 AMIP No. 2024001304Room No. DeoRent Per Day 4100/-**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
10/10/24	12.00pm	ER	Iw	

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
10/10/24	10 pm	11/10/24	11 am

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect
10/10/24	12 pm	11/10/24	11 AM

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

[illegible]

LABORATORY

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

10/10/24 ECG - (top paid)

10/10/24 Echo (12860)

10/10/24 ECG @ 5pm (12860)

11/10/24 ECG (12871)

CBG

CBG

10/10/24 (1) top paid
9pm (12876)
9pm ()

(2)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]