

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**

Patient Name

Mrs. JOTHI BAI M

93/Female/MHM202407441

10/10/2024/1PM2024000950

IP No.

Dr. ANIL DUTTA /

Room No.



D.O.A. 10/10/24 Time

Rent Per Day 7500 / -

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
10/10/24	1.40pm	ER	ICU	Dr. Manoj 2200
14/10/24	4.10pm	ICU	5th Floor	Kalairam

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**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
10/10/24	1.40pm	14/10/24	4.10pm				

OXYGEN**SYRINGE PUMP (Inj. ANESTHETIC)**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
10/10/24	1.40pm	11/10/24	12MN	11/10/24	1AM	12/10/24	10AM
12/10/24	2AM			12/10/24	1AM	12/10/24	1pm

ALPHA BED / SCD PUMP**VENTILATOR BPAP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				11/10/24	9pm	12/10/24	10.30AM
				12/10/24	12AM	12/10/24	2AM

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

10/10/24	CXR BLS (6367)		
10/10/24	ECG (6367)		
11/10/24	CT Chest (7438)	CT Abdomen (7437)	(gobles Scan)
12/10/24	Echo Done by Barani (7455)		
16/10/24	Chest x-ray (7590)		

CBG

CBG

10/10/24	1 (6367) + 3 (7393)		
11/10/24	3 (7436)		
12/10/24	1 (7448) + 1 (7460) + 1 (7504)		
13/10/24	1 (7522)		
14/10/24	3 (7522)		
15/10/24	1 (7562)		
16/10/24	1 + 1 (7631)		
17/10/24	1 + 1 (7631)		

Date

PHYSIOTHERAPY Ps. 700% per Session.

12/10/24	12:30pm	
14/10/24	12pm	
15/10/24	4:00pm → From here Ps. 600% per session.	
16/10/24	12pm	

NEBULIZER

NEBULIZER

10/10/24	1 + 1	17/10/24	1 + 1
11/10/24	1 + 1 + 1		
12/10/24	1 + 1 + 1		
13/10/24	1 + 1 + 1		
14/10/24	1 + 1 + 1		
15/10/24	2 + 2		
16/10/24	1 + 1		
17/10/24			

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[illegible]