

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Mr KarthikD.O.A. 13/10/24 Time 7pm.IP No. 2024000370Room No. 213Rent Per Day 1400/Day**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
13/10/24	7pm	EMR	ward - 213	Karthik P.

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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE

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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

[illegible]

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

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

