



BILLING CARD

MH/PRINT / 0007 / BILL / FO

Patient Name

M. Suresh; 27/11

Doc. 16/10/24

D.O.A. 13/10/24

Time 3:27PM

IP No.

538

Room No.

General ward

Δ: Fever & Thrombocytopenia

Rent Per Day

1800

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
13/10/24	3.40pm	Emr	M/w	Syandee

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

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

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 :

Date _____

LABORATORY

13/10/24

Arti

14 | 10 | 24

platelet count

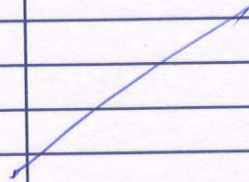
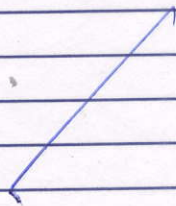
15 | 10 | 24

platelet count-

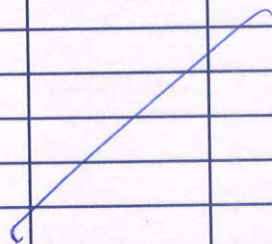
16/10/24

CRP

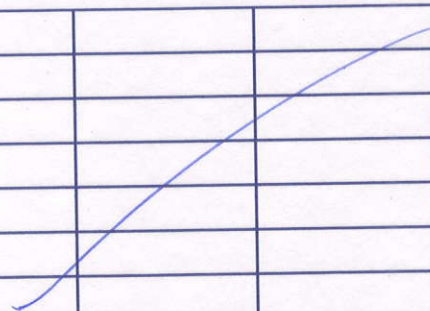
RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER



CBG

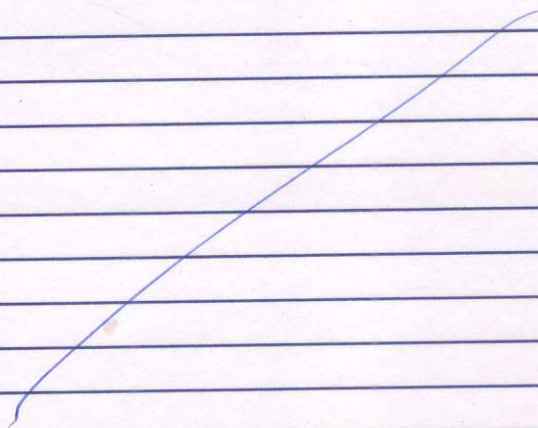


CBG

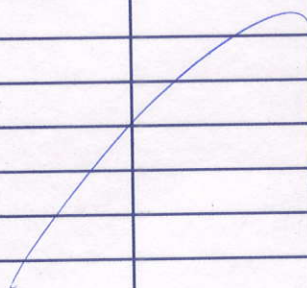


Date

PHYSIOTHERAPY



NEBULIZER



NEBULIZER



[illegible]