Cash

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name R. Sridevi; 28/F

D.O.A. 22/4/24 Time 12:40 PM

IP No. 235

DOD 25/4/24 :

Room No. Single room Non AC

Rent Per Day 3000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature

OPERATION THEA TRE

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

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

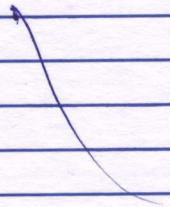
Date	Start	Date	Disconnect

OPERATION THEA TRE

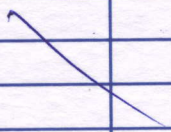
Date	:	OT. No.	:
Surgeon	:	Start Time	:
I Asst. Surgeon	:	End Time	:
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	:	Arthroscopy	:
Name of Surgery	:	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

Date	LABORATORY

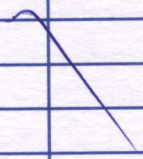
RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER



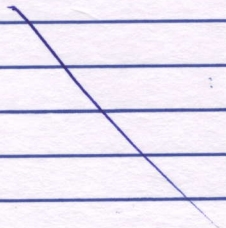
CBG



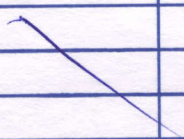
CBG



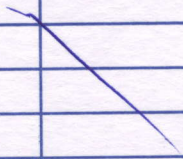
Date	PHYSIOTHERAPY



NEBULIZER



NEBULIZER



CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED : NO DUE 22/15 - 0098	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Reason:- Dr. Kinnera Madam refer to GGH, because patient not willing to ~~pay~~ admit.

Admission Officer : R. Vinod Kumar

J. Rakesh 22/15

P. Sandhya 22/15
Sister In-charge