BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs:- S. Sirisha

D.O.A. 14-10-24 Time 8:10 pm

DOD :- 15-10-24

IP No. 545

Room No. single Room A/c

Rent Per Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
14/10/24	9:20pm	Emp	2nd Floor. Room1-205	Sudha
15/10/24	7:45am	205 room	OT	priyanka
15/10/24	9:20AM	OT	SICU	mani 0003

OPERATION THEATRE

Date	: 15/10/24	OT No.	: I.
Surgeon	: Dr. Kamera, Dr. Manikanta	Start Time	: 8:20 AM
I Asst. Surgeon	: —	End Time	: 9:10 AM
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: —
Anaesthetist	: Dr. Sandeep.	C-Arm	: —
OT Nurse	: Kavuma	Arthroscopy	: —
Name of Surgery	: Hystoscopy.	Laproscopy	: —
		Sevoflurane / Isoflurane	: —
		Inj. Fentanyl	: —
		Others	:

MONITOR

Date	Start	Date	Disconnect
15/10/24	9:30AM	15/10/24	2:30pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
15/10/24	9:30AM	15/10/24	10AM

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

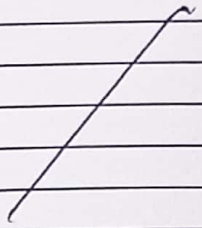
Date	Start	Date	Disconnect

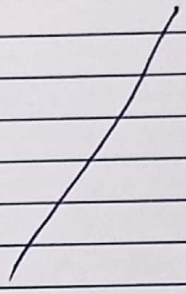
OPERATION THEATRE

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 :

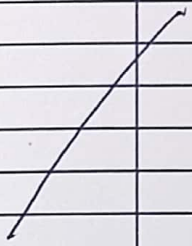
Date	LABORATORY

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

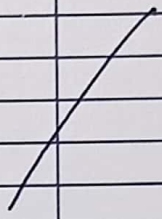




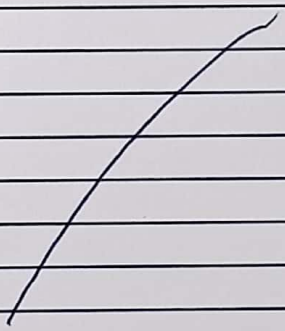
CBG



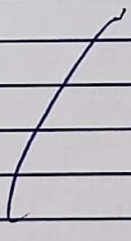
CBG



Date	PHYSIOTHERAPY



NEBULIZER



NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Kinnarg madam	15/10/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : -	
BILL CLEARED : Consumable - 786/-	
RETURNS CHECKED : Medicine - 1466/- 0089 15/10/24	
2252/-	

Other Procedures : (specify) :-

Admission Officer : Abhi

Sister In-charge