BILLING CARD

MH/ PRINT / 0007 / BILL / FO

DOD - 15-9-24

Patient Name mrs:- D. Annapoorna age:-43 D.O.A. 14-9-24 Time 10:13PM

IP No. 472

Room No. Single Room non A/C Rent Per Day 3000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
14/9/24	10:59 PM	EMR.	Room: 204	Sudha.
15/9/24	10.AM	204 800M	OT	Ch. Uma 0043.
15/9/24	11.35AM	OT	204 800M	Ch. Uma.

OPERATION THEATRE

Date	: 15/9/24.	OT No.	:
Surgeon	: Dr. Harsha C.S.	Start Time	: 10.10AM
Asst. Surgeon	:	End Time	: 11.5AM
I Asst. Surgeon	:	Dis. Pack	:
II Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	:	Arthroscopy	:
Name of Surgery	: Soft tissue Surgery Lower lip.	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

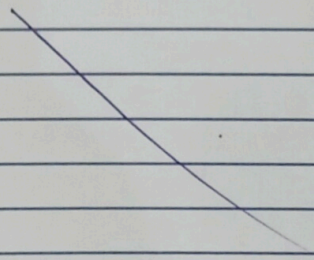
Date	Start	Date	Disconnect

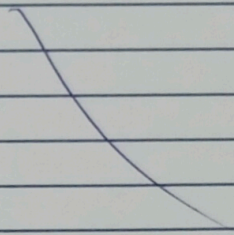
OPERATION THEATRE

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

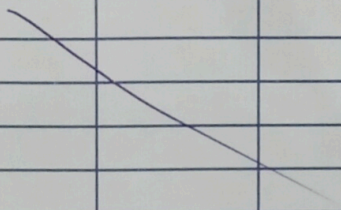
RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER



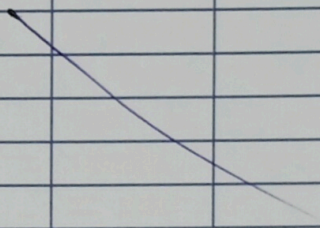


CBG

14/9/24 1

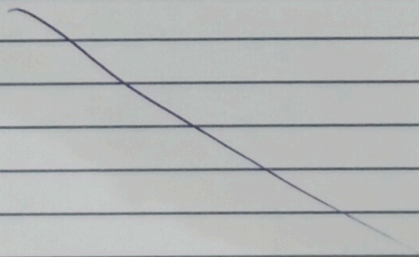


CBG

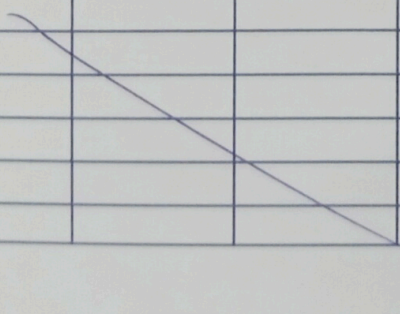


PHYSIOTHERAPY

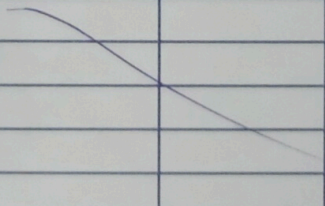
Date



NEBULIZER



NEBULIZER



CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Harsha sir	15/9/24						

PHARMACY

OT DRUGS REPLACED : -

BILL CLEARED : Consumable - 2030/-
Medicine - 1715/- Kusuma 0099

RETURNS CHECKED : Return - 592/- 15/09/24

3,153/-

AMBULANCE

Other Procedures : (specify) :-

Admission Officer : Athi

Y. Veeralakshmi
Sister In-charge