# BILLING CARD

DOD:- 22/8/24

Patient Name Mr:- P. APPA Rao  D.O.A. 17-7-24 Time 10:13PM

IP No. 343  Dsis:- SOB

Room No. Single Room A/C  Rent Per Day 4000/-

## TRANSFER DET AILS

| Date | Time | From | To | Sister Signature |
|---|---|---|---|---|
| 17/7/24 | 10:30pm | EMR | 202-ROOM | D.Tulasi |
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## 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 |
|---|---|---|---|
| ~~20/7/24~~ | 11.5PM | 22/07/24 | 8:00AM |
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## INFUSION PUMP

| Date | Start | Date | Disconnect |
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## OXYGEN

| Date | Start | Date | Disconnect |
|---|---|---|---|
| 17/7/24 | 10:18 PM | 22/07/24 | 8:00AM |
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## SYRINGE PUMP

| Date | Start | Date | Disconnect |
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## ALPHA BED / SCD PUMP

| Date | Start | Date | Disconnect |
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## VENTILATOR

| Date | Start | Date | Disconnect |
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## 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 |
|---|---|
| 19/7/24 | Srem. Sodium |
| 20/7/24 | TLC, CRP Sputum for AFB/Fating Random. |

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

## CBG

## CBG

| Date | PHYSIOTHERAPY |
|---|---|

## NEBULIZER

| | | | |
|---|---|---|---|
| 17/7/24 | | | (1) |
| 18/7/24 | 1 | 1 | 1+1 |
| 19/7/24 | 1 | 1 | 1+1 |
| 20/7/24 | 1 | 1 | 1 |
| 21/7/24 | 1 | 1 | 1 |
| 22/7/24 | 1 | | |

## NEBULIZER

| | | | |
|---|---|---|---|
| | | | |

| CONSULTANT NAME | Date | Date | Date | Date | Date | Date | Date |
|---|---|---|---|---|---|---|---|
| Dr. Krishna prithvi sir | 18/7/24 | 19/7/24 | 20/7/24 | 21/7/24 | | | |
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| PHARMACY | AMBULANCE |
|---|---|
| OT DRUGS REPLACED : — | |
| BILL CLEARED : MED :- 6,947/- Return :- (-) 63/- Rs 6,884/- | |
| RETURNS CHECKED : | |

Other Procedures : (specify) :-

Admission Officer : Adhi°

Sister In-charge