BILLING CARD

Patient Name MRS - DHIVYA.K D.O.A. 7/2/24 Time 15:00Pm.

IP No. 2024000210

Room No. OT/GF Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
7/2/24	3.00pm	ER	OT	
7/2/24	4.10pm	OT	Recn (observation)	S.Sith
8/2/24	8.30am	ICU	IInd F 215	

OPERATION THEA TRE

Date	: 7/2/24	OT No.	: 11
Surgeon	: Dr meghana. Duo	Start Time	: 3.00 pm
I Asst. Surgeon	: —	End Time	: 4.00 pm
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: 10 mints.
Anaesthetist	: Dr Jamuna.	C-Arm	: —
OT Nurse	: Kavitha, Sowmathriyaga	Arthroscopy	: —
Name of Surgery	: LSCS Rmr	Laproscopy	: —
		Sevoflurane / Isoflurane	: —
		Inj. Fentanyl	: —
		Others	: O2 1/2 hours.

MONITOR

Date	Start	Date	Disconnect
7/2/24	5pm.	8/2/24	8.30am

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnec

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconn

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
7/2/24	CBC, BT, INR, APTT, (OP Paid)
9/2/24	HB (Reject)

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

CBG

7/2/24	CBG - (1) (op pat)		
9pm	(20240121)		
8/2/24	8pm (20240173)		
	9pm (20240173)		
	6am (20240173)		

CBG

PHYSIOTHERAPY

Date

NEBULIZER

7/2/24		10/2/24	
8pm - (1)		2pm (1)	
8/2/24		11/2/24	
6.am - (1)			
2pm - (1)			
9/2/24			
2pm - (1)			

NEBULIZER

Ref: Dr. Prabhavathi (Jaya Kondam)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jamuna.	7/2/24 Sa.	11/2/24 (W)					
DR. Balapuakash	7/2/24 Su						
Dr. moshina	8/2/24 W	9/2/24 W	11/2/24 W				
	10pm.	@ 8.30P					

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED : Due: 6086—	
RETURNS CHECKED : Tot: 17238/-	

Other Procedures : (specify) :-

Time- 9.00