



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Δ:- fever

D.O.A. 05/09/24 Time 9.33 pm

DOB:- 09/09/24

Rent Per Day 3000 /-

Patient Name Ch. harinatha Rao

IP No. 445

Room No. Single Room Non A/c

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
5/09/24	9:50 pm	EMR	112 Room	G. Vijaya Deepa

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 :

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

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LABORATORY

[illegible]

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

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

