



BILLING CARD

Cash

MH/ PRINT / 0007 / BILL / FO

Patient Name Chikkala Hanmatha Rao; 76/M

D.O.B. 28/5/24

D.O.A. 20/5/24 Time 12:00 PM

IP No. 928

"A" 953- AKI

Room No. single room (AC)

Rent Per Day 400/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
20/5/24	1 PM	EMR	202 room	P. Sanyas 0017
21/5/24	9-30 PM	202 room	S22U	Uma 0043
22/5/24	11-20 PM	S22U	902 room	Uma - 0043

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

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
22/5/24	4:10 AM	25/05/24	6:40 PM				
21/5/24	9-30 PM	28/5/24	1:10 AM				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				21/5/24	11 AM	22/5/24	8:48 PM

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE

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Date	LABORATORY
21/5/24	SElectrolyte
21/5/24	SElectrolyte, 2:00pm
21/5/24	9pm Sodium ✓
22/5/24	3am Sodium, 9am (Sodium, Electrolyte) ✓
22/5/24	3pm Sodium
22/5/24	Urine for Gram stain for culture & sensitivity
22/5/24	Sodium 9pm
23/5/24	Sodium 3AM ✓
23/5/24	Sodium 9AM ✓
23/5/24	Sodium 7:30 PM
23/5/24	Sodium
24/5/24	SElectrolyte 9:00AM ✓
26/5/24	Hb ✓
27/5/24	Nat Sodium
28/5/24	Hb

[illegible]

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