BILLING CARD

Patient Name Mrs:- Peyyala Aparna 22y/F D.O.A. 1-4-24 Time 12:19 Am

IP No. 0100 Δ SIS c/o. Bleeding P/v

Room No. 104 [NON AC] Rent Per Day 3000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
✓ 1/4/24	1.00 Am	EMR	104	Chandana

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

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-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER

2/4/24.	obstetric twin Scan ✓		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Kinnera Veena (IVf)	1/4/24						
	2/4/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : NO	
BILL CLEARED : Pharmacy bill cleared.	
RETURNS CHECKED : yes	

Other Procedures : (specify) :-

Admission Officer :

NO DUC PHARMACY

Sister In-charge