# BILLING CARD

Patient Name Mr. Saladi satyanarayana D.O.A. 1-4-24 Time 8:45PM

IP No. 0102

Room No. 101 (NON AC) Rent Per Day 3000/-

## TRANSFER DET AILS

| Date | Time | From | To | Sister Signature |
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| 1/4/24 | 9pm | EMR | 101 Room | Ch. Lakshmi Kumari (0057) |
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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 |
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## INFUSION PUMP

| Date | Start | Date | Disconnect |
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| 3/4/24 | 2PM | 3/4/24 | 6PM |
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## OXYGEN

| Date | Start | Date | Disconnect |
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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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Scanned with OKEN Scanner

## 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 |
|---|---|
| 1/4/24 | CBP, CUE, LFT, RFT, RBS, [redacted] HIV I & II |
| 3/4/24 | Urin ketones, ABG, Urine ketones |
| 7/4/24 | CBC, CRP, RFT, |

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

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## CBG

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| 3/4/24 | 1+1+1 | | |
| 4/4/24 | 1+1+1 | | |
| 5/4/24 | 1+1+1 | | |
| 6/4/24 | 1+1+1 | | |
| 7/4/24 | 1+ | | |
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## CBG

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| Date | PHYSIOTHERAPY |
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## NEBULIZER

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Scanned with OKEN Scanner

| CONSULTANT NAME | Date | Date | Date | Date | Date | Date | Date |
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| Dr. Krishna prithvi Sir | ~ | | 4/4/24<br>4/4/24, | 5/4/24<br>5/4/24 | 6/4/24 | 7/4/24 | |
| Dr. kiran (Dermatology) | Paid to client<br>1/4/24<br>Paid to Patient | Paid to patient<br>3/4/24<br>Paid to Patient | | 5/4/24. Paid<br>Paid to Patient | | | |
| DR. Swamy | | paid to pt<br>3/4/24<br>Paid to Patient | | | | | |

| PHARMACY | AMBULANCE |
|---|---|
| OT DRUGS REPLACED : | |
| BILL CLEARED : | |
| RETURNS CHECKED : | |

Other Procedures : (specify) :-
2/4/24 dressing (medium)
3/4/24 dressing done (medium)
4pm — 3/4/24 Catheterization done by Dr. Swamy Sir
4/4/24 dressing done (only hands)
5/4/24 dressing done (medium)
6/4/24 dressing done.

Admission Officer :

Asha 93
Sister In-charge