Cash

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

DOD:- 24/9/24

Patient Name P. Govindha Raju

D.O.A. 22/09/24 Time 03:21 Pm

IP No. 489

Δ. Anemia.

Room No. Single Room NON AC

Rent Per Day 3000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
22/9/24	3pm	EMR	SICU	prasanna0107
22/9/24	8.40pm	SICU	102 ROOM	UMA-0043
23/9/24	3:15 pm	102 ROOM	SICU	Sridevi-0041
23/9/24	7:30pm	SICU	102 ROOM	Syamala

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
22/9/24	3pm	22/9/24	8.40pm
23/9/24	3.30pm	23/9/24	at 6.30pm

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

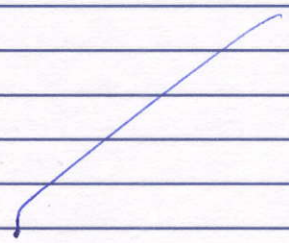
Date	Start	Date	Disconnect

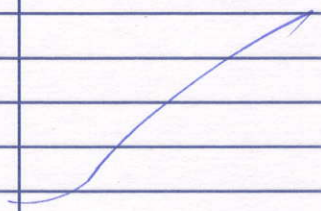
OPERATION THEATRE

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	:

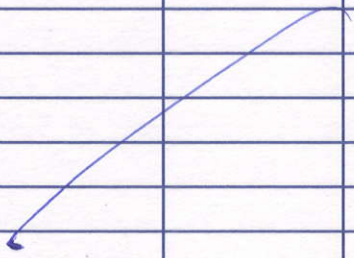
Date	LABORATORY
24/9/24	CBC

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

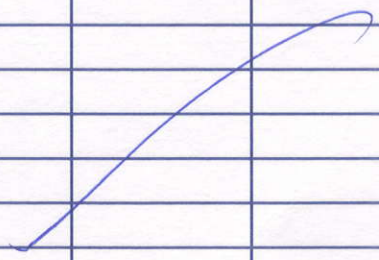




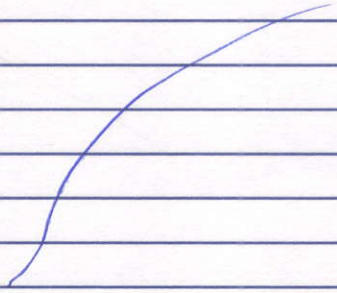
CBG



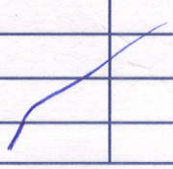
CBG



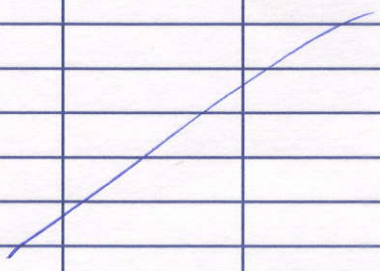
Date	PHYSIOTHERAPY



NEBULIZER



NEBULIZER



CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Subbarao Sir	22/9/24	23/9/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED : Med - 1357 Nagalakshmi - 0098 24/9/24	
RETURNS CHECKED :	

Other Procedures : (specify) :-

1 ⊙ Blood Transfusion start at 4pm on 22/9/24 Ending time. 8.10pm.

1 ⊙ Blood transfution start at 4pm on 23/9/24. ending time 6:30pm

Admission Officer :

Sister In-charge