BILLING CARD

Patient Name Mrs. Amaravathi D.O.A. 5/4/24 Time 18:30

IP No. 2024000511

Room No. G/W/R Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
5/4/24	7.00pm	casualty	G/W	

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 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
5/4/24	CBC, RBS, HbA1C, Sr. Electrolyte. (MKB2401096).

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

CBG

5/4/24	(BG - ①)	(MKB24010966)	
6/4/24	(BG - ①)	(4689)	
	(BG - ①)	(4712)	

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

OTMC

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. praveen.	5/4/24						
Dr- Jamuna	6/4/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total: 8248/- BILL CLEARED : RETURNS CHECKED : No due.	

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge