



BILLING CARD

Patient Name P. Srinivasa Rao : 42/11 D.O.A. 12/4/24 Time 3:25 PM

IP No. 112

Room No. Single room non AC (103)

15958- (Rt) Leg CVT & cellulitis

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
12/4/24	3:30am	ENR	103 room	P. Sandeep 0617
13/4	9 AM	103	OT	Chaiti
13/4/24	10:40am	OT	SICU	moni (0003)
13/4/24	4:00pm	SICU	R- 103	moni 0069

OPERATION THEA TRE

Date	: 13/4/24	OT No.	: I
Surgeon	: Dr. Krishna	Start Time	: 9:30 AM
I Asst. Surgeon	:	End Time	: 10:30 AM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: Dr. Sandeep	C-Arm	:
OT Nurse	: moni	Arthroscopy	:
Name of Surgery	: Varicose Veins	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

Date	Start	Date	Disconnect
12/4/24	11:00am	13/04/24	4:00pm

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

LABORATORY

[illegible]

Surgical profile (aid of Basic)

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

12/4/24

2 Dec 10,

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge