BILLING CARD

Patient Name mrs:- marthe Nagamani 50/F D.O.A. 22-6-24 Time 10:44 PM

IP No. 992 D. SPONDYLOSIS L4-L5

Room No. single Room Non A/C Rent Per Day 3000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
22/6/24	11.00pm	ER	102	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 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

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. K.V.V. SATYANARAYANA (NEURO SURGEON)	24/6/24	26/6/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED : Med - 7776	
RETURNS CHECKED : Ret - 431	
Total = 7345 — Neg 26/4/24	

Other Procedures : (specify) :-

Admission Officer : D. Addi

K. Babyrani
Sister In-charge