MH/ PRINT / 0007 / BILL / FO

BILLING CARD Cash

Patient Name Koppadi Manga; 53/F D.O.A. 20/4/24 Time 2:34PM

IP No. 168 Asrs:- SOB | Skin allergy | cough.

Room No. Single room non AC Rent Per Day 3000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
20/4/24	3:00pm	Grnd	101	Chenkamma

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
20/4/24	3:00pm	23/4/24	9AM

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
20/4/24	3:00pm	22/4/24	9PM.

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
21/4/24	ANA profile, Anticcp Anti bodies.
23/4/24	CRP, CBC & ESR, RFT, S.Electrolyts, Fasting thyroid profile, ANA - plain, Urine $\overline{R}_m$
23/4/24	24 hrs Urine protein.

RADIOLOGY ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
20/4/24	chest X-ray		

CBG				CBG			
20/4/24	1						
21/4/24	1						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. KRISHNA PRITHVI (PULMONOLOGIST)	~~20/4/24~~	22/4/24	23/4/24.	24/4/24			
DR. Kiran Raju	20/4/24 (paid)	23/4/24 paid					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : M.M	
BILL CLEARED : M.	
RETURNS CHECKED :	

Other Procedures : (specify) :-

A. Sridevi

mission Officer :

Sister In-charge