Cash

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name K. Satya Shree ; 25/F

DND: 17/10/24

D.O.A. 5/10/24 Time 4:00 PM

IP No. 527

Room No. Single room AC

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
5/10/24	4pm	Emr	205 room	T. Satya 007
6/10/24	4pm	205	OT	Prasanna 0107
6/10/24	5:pm	OT	SICU	Mani 0003
7/10/24	10:00am	SICU	205 room	Uma 0023.

OPERATION THEATRE

Date	:	6/10/24	OT No.	: I
Surgeon	:	Dr. Rinnera, Sridhar	Start Time	: 4:05 pm
I Asst. Surgeon	:	-	End Time	: 5: pm.
II Asst. Surgeon	:	-	Dis. Pack	: -
III Asst. Surgeon	:	-	Diathermy	: 4:05 pm to 4:15 pm
Anaesthetist	:	Dr. Sravan.	C-Arm	: -
OT Nurse	:	L. Mani.	Arthroscopy	: -
Name of Surgery	:	L.S.C.S.	Laproscopy	: -
			Sevoflurane / Isoflurane	: -
			Inj. Fentanyl	: -
			Others	: -

MONITOR

Date	Start	Date	Disconnect
6/10/24	5pm	7/10/24	10.00Am.

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	:

LABORATORY

Date	

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

Date	
5/10/24	C.T. G1,

CBG

CBG

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. [illegible]	6/10/24	[illegible]	8/10/24	9/10/24			

PHARMACY

OT DRUGS REPLACED : Medicine = 5778/-

BILL CLEARED : Consumable = 1983/-

RETURNS CHECKED : Return = 1084

6677

[illegible]

AMBULANCE

Other Procedures : (specify) :-

5/10/24 Foleys catheter inserted at 6pm 7/10/24
Foleys removed at: 3:00PM

Admission Officer

Sr. Rakesh N.S

S. Kaly

Sister In-charge