



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs P. Yethi Rajulu age 55

DD: - 30/9/24

D.O.A. 30-9-24 Time 12:05 AM

IP No. 507

Δ: CRO

Room No. ward General ward

Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
30/9/24	12:35 AM	EMR	male ward	G. Vargha ood.
30/9/24	7:20 AM	mlw	dialysis	Asha q3
30/9/24	12:00 PM	Dialysis	Male ward	T. Vaw

OPERATION THEATRE

Date :	OT No. :
Surgeon :	Start Time :
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

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
30/9/24	11:30 PM	30/9/24	01:30 PM				

ALPHA BED / SCD PUMP

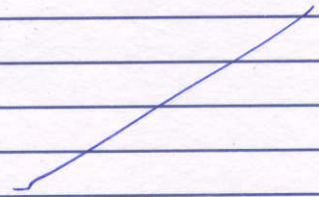
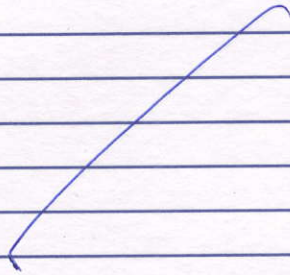
VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

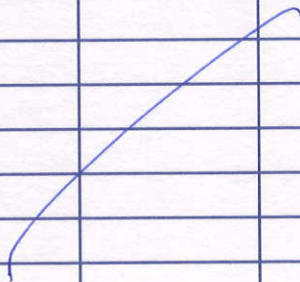
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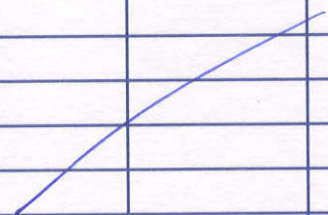
RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER



CBG

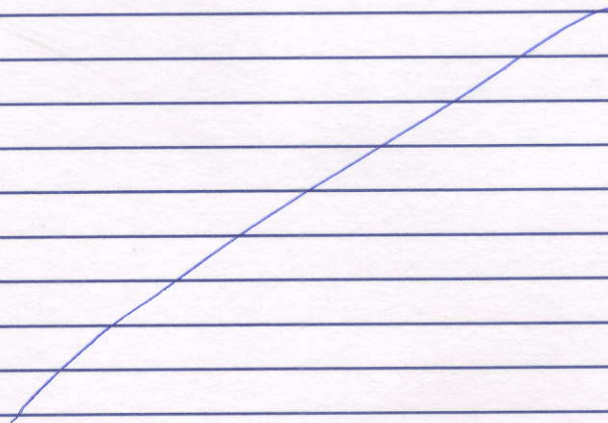


CBG

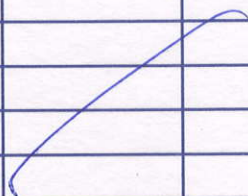


Date

PHYSIOTHERAPY



NEBULIZER



NEBULIZER



[illegible]