



BILLING CARD

Cash

Patient Name B. Nagaraju: 60/MD.O.A. 14/6/24 Time 12:10 PMIP No. 274DOD: 19/6/24Room No. single room non ACRent Per Day 3000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
14/6/24	1pm	ERL	203 room	T. Sandya 00/7

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

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
14/6/24	1pm						

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE	
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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

CBG

CBG

Date

PHYSIOTHERAPY

15/6/24	DR. Karthik	SIR	[PHYSIOTHERAPY Done] [Paid]
16/6/24	DR. Karthik	SIR	[PHYSIOTHERAPY] done (paid)
16/6/24	DR. Karthik	SIR	[PHYSIOTHERAPY] Done (paid)
17/6/24	DR. Karthik	SIR	[PHYSIOTHERAPY] Done (paid)
17/6/24	DR. Karthik	SIR	[PHYSIOTHERAPY] done (paid)
18/6/24	DR. Karthik	SIR	[PHYSIOTHERAPY] done (paid)
18/6/24	DR. Karthik	SIR	[PHYSIOTHERAPY] done (paid)

Paid by patient

NEBULIZER

NEBULIZER

