



BILLING CARD

Patient Name Mr. Grandi Venkateswara Rao D.O.A. 14-7-24 Time 1:46 AM

IP No. 340
Dis:- RTA DOD-14/7/24 12:00 P.M

Room No. Single Room non A/c

Rent Per Day 3000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
14/7/24	2:10 AM	EMR	1st Room, 201	Sudha

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

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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	Inj. Fentanyl :
	Others :

Date

LABORATORY

[illegible]

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

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]

[illegible]