BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. G.K. Visweswara Rao D.O.A. 11/8/24 Time 8:17PM

IP No. 388 DOD :- 14-8-24

Room No. Single Room AC A Sis SOB, Fowes - Rent Per Day 4,000/-day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
11/8/24	4:10PM	EMR.	ICS	Sudha

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 :

MONITOR

Date	Start	Date	Disconnect
11/8/24	6:40Pm	11/8/24	11:40Pm

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	:

Date	LABORATORY
12/8/24	spotum for Gram stain for culture & sensitivity for AFB, TLC, RFT Urine - (R), (M), ANA
12/8/24	Covid RT PCR
13/8/24	TLC CRP
14/8/24	CBC, CRP

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

CBG

	m	E	N
11/8/24		1	
12/8/24			1
13/8/24	1		

CBG

PHYSIOTHERAPY

NEBULIZER

Date	m	E	N
11/8/24		1	1
12/8/24	1	1	1
13/8/24	1	1	1
14/8/24	1	1	

NEBULIZER

Date	m	E	N

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Krishna Prithvi sir	12/8/24	14/8/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Med - 9948 BILL CLEARED : Ret - 901 9047 RETURNS CHECKED : Nagalakshmi - 0098 14/8/24	

Other Procedures : (specify) :-

Admission Officer : Abhi

Sister In-charge