BILLING CARD

MH/ PRINT / 0007 / BILL / FO

DOD: 18/8/24

Patient Name Mr:- P. Reddy Nayudu age:-78 D.O.A. 16-8-24 Time 5:34 Pm

IP No. 395

Room No. single Room A/c Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
16/8/24	6pm	EMR	205 room	P. Sandya 0017

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

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

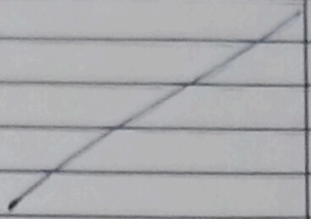
OPERATION THEATRE

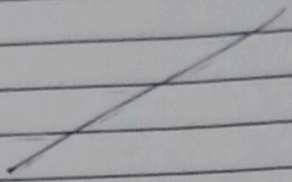
Date	:	OT. No.	:
Surgeon	:	Start Time	:
I Asst. Surgeon	:	End Time	:
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	:	Arthroscopy	:
Name of Surgery	:	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

LABORATORY

Date	
17/8/24	CBC, ESR, CRP, S. electrolytes, RFT
17/8/24	Urine R/E

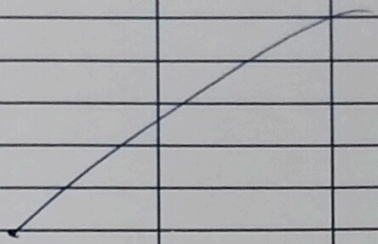
RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER



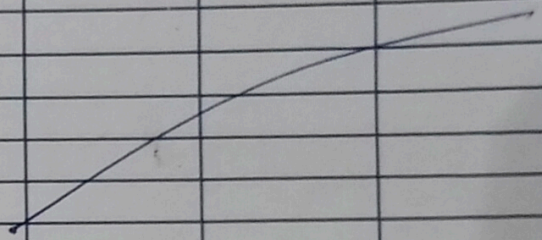


CBG

17/8/24	1	1	



CBG

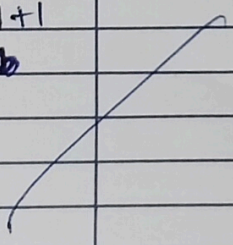


PHYSIOTHERAPY

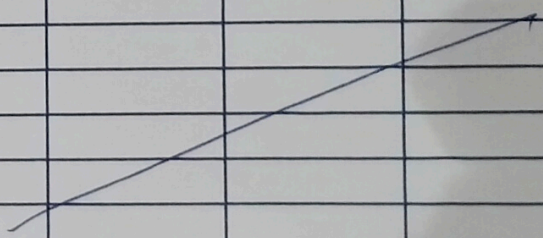
Date		Paid by Patient
16/8/24	DR. KARTHIK SIR Consultant PHYSIOTHERAPY Done..	
16/8/24	DR. karthik sir done paid by patient	

NEBULIZER

16/8/24	1+1		



NEBULIZER



CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Kashinath Patil		18/8/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Med - 581 BILL CLEARED : Ret - - 97 484 RETURNS CHECKED : Nagalakshmi 19/8/24 ans	

Other Procedures : (specify) :-

Admission Officer : Akki

Kalyani
Sister In-charge