Cash

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

DOD:- 24/8/24

Patient Name M. Suryanarayana; 70/M

D.O.A. 22/8/24 Time 12:35 PM

IP No. 409

Room No. Single room AC

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
22/8/24	12 pm	ER	202 room	P. Sandya ADT

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

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	:

Date	LABORATORY
22/8/24	Vitals WNL,

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr Jaishnaprathi V P	22/8/24	23/08/24					
DR:- S.V.R Kirshna	23/08/24						
(Paid)	Paid by patient						
DR:- samanth sir			24/8/24 (paid) by patient				

PHARMACY

OT DRUGS REPLACED : –

BILL CLEARED : Medicine - 1603 /-

RETURNS CHECKED : Return - 18 /-

1585 /-

[signature] 0099 24/08/24

AMBULANCE

Other Procedures : (specify) :-

Admission Officer : [signature]

B. Rahu... N/S

[signature] Sister In-charge