



Cash
BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Y. Ganga Raju

DOD: 28/8/24

IP No. 41

D.O.A. 23/08/24 Time 8:29 pm

Room No. Male 2/w

1 leg cellulitis AKI
Rent Per Day 1800/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
23/8/24	9:10 pm	EMR	m/w	Uma - 0043

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

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

OPERATION THEATRE

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

LABORATORY

[illegible]

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

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

29/8/24	1 + 1	1	1
29/8/24	1 + 1 + 1	1	1
26/8/24	1 + 1	1	1
27/8/24	1 + 1	1	1
28/8/24	1 + 1	1	1

[illegible]