



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. Verkeyala Rathnamala

DOB :- 28/8/24

IP No. 415

D.O.A. 25/8/24 Time 2:55 P.M

Room No. General ward

ASIS (IP) hip. 754 / F Anemia

Rent Per Day 1800/- day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
25/8/24	3:10pm	EMR	2nd floor Flw	Sudha
26/8/24	3pm	Flw	SICU	Chiranjeevi
26/8/24	7:30pm	STCU	Flw	veeralakshmi
27/8/24	5:40pm	Flw	SICU	bhawni
27/8/24	8:30pm	SICU	Flw	Dma

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
26/8/24	3:30pm	26/8/24	7pm
27/8/24	5:40pm	27/8/24	8:30pm

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

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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
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Date

LABORATORY

28/8/24 CBC

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

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]