Cash

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name mrs:- D. Nagamani age:- 60 D.O.A. 27-8-24 Time 8:30 PM

IP No. 423 DOD 30-8-24

Room No. single Room non A/c Rent Per Day 3000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
27/8/24.	9.90 PM	EMR	112 ROOM.	Ch. 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

Date	Start	Date	Disconnect
27/8/24	8.00 PM	30/8/24	6:00 PM

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
28/8/24	12:15 AM	28/8/24	7:30 PM.

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
29/8/24	CBC E ESR, CRP, S. Electrolytes.
30/8/24.	CRP, S. Electrolytes.

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

27/8/24 HRCT chest. Plain study (outside)

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

27/8/24			
28/8/24	1+1	1	1
29/8/24	1+1	1	1
30/8/24	1+1	1	1

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR-krishna prithvi	28/8/24	29/8/24	30/8/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Med -4547 Nagalakshmi -0098 30/8/24	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer : Abhi

K. Baby Rani 0083
Sister In-charge