BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs:- matcha Rajeswari

IP No. 426

Room No. single Room non A/C

D.O.A. 29-8-24 Time 9:26 PM

D.O.D 3/09/24 Time 9:00 PM

Rent Per Day 3000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
29/08/24	9:50 PM	EMR	Ro-201	kumari

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	
0/8/24	CBP, Sl creatine
1/8/24	[Sputum, AFB, gram stain]
04/24	Sputum AFB, gramstain

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

30/8/24	x ray chest PA		

CBG

30/8/24			1

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

29/08/24	(N)	E	N
30/8/24	1	1	1
31/8/24	1	1	1
1/09/24	1	1	1
2/09/24	1	1	1
3/9/24	1	7	

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Subbarao Sir	30/8/24	31/08/24	2/09/24	3/9/24			
Dr. Ramya madam	30/8/24	31/08/24	1/9/24	2/9/24	3/9/24		

PHARMACY	AMBULANCE
OT DRUGS REPLACED : —	
BILL CLEARED : Medicine - 9,907/-	Nov 055
RETURNS CHECKED : Returns - (-)268/-	
~~total~~ → Rs 9,639/-	

Other Procedures : (specify) :-

Admission Officer : Athi

J. Kumari
Sister In-charge