BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. Jakka. Jhansi lakshmi D.O.A. 31-8-24 Time 1:53 AM

IP No. 431

Room No. _____ Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
31/08/24	2:00AM	EMR	SICU	Kumari
31/8/24	11AM	SICU	201 room	Kalyani

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
31/08/24	12:Am	31/8/24	8Pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
31/08/24	12:00AM	31/08/24	2:00AM

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	
31/8/24	CUG
1/9/24	TLC CRP Urine R/M

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

31/8/24	Chest - X-ray (PA view)		

CBG

31/8/24	1+1	1	1
1/9	1+1		

CBG

Date

PHYSIOTHERAPY

NEBULIZER

31/8/24	1+1+1	1	1
1/9/24	1+1		1

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR: Krishnaprasidhi visit	31/08/24	1/9/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED : Medicine - 2,125/- Kerima 0019 01/09/24	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer : Abdi

A. Kelelan
Sister In-charge