



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name V. SrinivasD.O.A. 04/09/24 Time 12:25 AMIP No. 442Asis: SOB DOD-8/9/24Room No. S.T.coRent Per Day 9,000/- day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
01/9/24	1:30 AM	EMR	SICU	D Tulasi Das
4/9/24	9 pm	SICU	102	B. Praveena 0107
5/9/24	9 PM	102	SICU	Asha ge
7/9/24	10 AM	SICU	102	veeralakshmi

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
4/9/24	2 AM	4/9/24	9 pm
5/9/24	9 5 pm	7/9/24	10 AM

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
5/9/24	9 PM	6/9/24	7 AM
6/9/24	11 pm	7/9/24	7 AM

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEATRE	
Date :	OT. No. :
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Name of Surgery :	Laproscopy :
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	Inj. Fentanyl :
	Others :

[illegible]

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

5/9/24	Chest X-ray PA view		
7/9/24	Chest X-ray (PA view)		
5/9/24	2 Echo (aid by patient)		
8/9/24	X-ray L spine - Apley		

CBG				CBG			
3/9/24							
			①				
4/9/24	1 + 1		↓				
5/9/24	1	1	1 + 1				
6/9/24	1	1	1				
7/9/24	1	1	1				
8/9/24	1						

Date	PHYSIOTHERAPY						

NEBULIZER				NEBULIZER			
5/9/24		1	1 + 1 + 1				
6/9/24	1	1	1 + 2				
7/9/24	1	1	1				
8/9/24	1 + 1						

