

Cash



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. A.G.V. Ramamohana RaoDOB: 03/10/24D.O.A. 02/10/24 Time 06:02 pmIP No. 519Diagnosis: Urology retentionRoom No. Single Room Non ACRent Per Day 3000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
2/10/24	6:50pm	EMR	2nd floor Room 1-104	Sudha -
2/10/24	8 PM	R-104	OT	Asha 94.
2/10/24	9pm	OT	104	Mam 0003

OPERATION THEATRE

Date	: 2/10/24	OT No.	: I
Surgeon	: Dr. Manikanta	Start Time	: 8:30pm
I Asst. Surgeon	: -	End Time	: 8:50pm
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: -	C-Arm	: -
OT Nurse	: Mani	Arthroscopy	: -
Name of Surgery	: ASD - done	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: -
		Others	: -

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE	
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	Others :

[illegible]

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

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

