

BILLING CARD

Patient Name

Mr. G. Adinarayana Murthy

DOD - 16/09/24

D.O.A. 14/9/24

Time 6:08 P.M

IP No.

471

Room No.

205-AC

Rent Per Day

4,000/- per

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
14/9/24	7pm	EMR	205	D. T. W. (Sister)

OPERATION THEA TRE

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**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				14/9/24	9:00pm	15/9/24	12-10AM

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 THEA TRE

Date	:	OT. No.	:
Surgeon	:	Start Time	:
Asst. Surgeon	:	End Time	:
Asst. Surgeon	:	Dis. Pack	:
Asst. Surgeon	:	Diathermy	:
anaesthetist	:	C-Arm	:
Nurse	:	Arthroscopy	:
name of Surgery	:	Laprosopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

LABORATORY

ate

9/24 S. Hertzsoykes

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

CBG

CBG

11/9/24

15/9/24

16/9/24

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①

①

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

15/9/24

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