BILLING CARD

DOD:- 18/9/24

Patient Name Mrs. Gowri Gorla ~~Gowri~~ age:- 31 D.O.A. 15-9-24 Time 1:40 AM

IP No. 473 A Fever

Room No. SICU Rent Per Day 9000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
15/9/24	2:00Pm	EMR	SICU	Sudha.
16/9/24	9 Am	SICU	1st Lo2 ROOM	Syamala

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

Date	Start	Date	Disconnect
15/09/24	2:00Pm	16/9/24	9 Am

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 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	:

Date	LABORATORY
15/9/24	Platelets Count.
16/9/24	platelet Count
17/9/24	Platelet Count

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

CBG

15/9/24			1
16/9/24	1		

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr Krishna Prithvi SSR	14/9/24						

PHARMACY

OT DRUGS REPLACED :—

BILL CLEARED : Medicine - 1083 /-

RETURNS CHECKED : Return - 29 /-

1054 /- 14/09/24

AMBULANCE

Other Procedures : (specify) :-

Admission Officer : Athi

14/9/24

K. Babyrani 0088
Sister In-charge