BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: B/o. Ranjani
D.O.A. 18/9/24 Time 2PM
IP No. 202400/205
Room No. NICU
Rent Per Day 4100/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
18/9/24	2PM	Neoclinic (Dr. Karagagiri)	NICU	S/N Revli [illegible]

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
18/9/24	2PM	19/9/24	2PM

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
18/9/24	2PM	18/9/24	5pm

(3) 19/09

SYRINGE PUMP

Date	Start	Date	Disconnect
18/9/24	2.15PM	19/9/24	2PM (1)

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	:

Date	LABORATORY
18/9/24	CBC, CRP, Blood LFT (1857)

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

CBG

18/9/24			
CBG-2	(1857)		
19/9/24			
CBG-(2)	(1863)		
CBG-1	(1898)		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref :- KRG Hospital (DR. Kanagagiri Own Case)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Kanagagiri	18/9/24	19/9/24					
Morning		10am.					
Evening							
Night	10pm						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : V. Jayasri.	Our Ambulance pickup the baby.
BILL CLEARED : No due.	
RETURNS CHECKED : Tot: 1952.	

Other Procedures : (specify) :-

by Verify on 19/9/24 at 2PM Asili 2042

Admission Officer :

Sister In-charge