BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name ~~master~~ :- P. Naga Chaithanya

DOD:- 25-9-24

D.O.A. 23-9-24 Time 8:49 pm

IP No. 495

Δ: Lt femur #

Room No. General ward

Rent Per Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
23/09/24	9:20Pm	EMR -	f/w	G. V. Durga DOD

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

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 THEATRE

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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date	LABORATORY
23/09/24	surgical Profile, ~~chest x-ray~~, sr. calcium, sr. Protine, sr. ALP sr. vitami D3 levels,

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
23/9/24	chest x-ray.		

CBG				CBG			
24/9/24	✓						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. N.S. Prasad S/O	24/9/24	25/9/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : — BILL CLEARED : Medicine - Rs 161/- RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer : Akhi	K. Rahim NS Sister In-charge