BILLING CARD

MH/ PRINT / 0007 / BILL / FO

DOD:- 2/10/24

Patient Name Mr:- T.V. Raghavulu age:- 67 D.O.A. 27-9-24 Time 10:07 PM

IP No. 503

Room No. Single Room A/C Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
28/9/24	10:30 Pm	EMR	202 Room	G. V Durga. 0053.

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

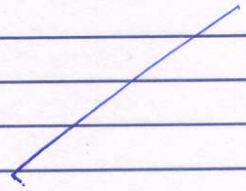
Date	Start	Date	Disconnect

OPERATION THEATRE

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
29/9/24	S. Creatinine, S. Electrolytes, RBS
30/9/24	HIV

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

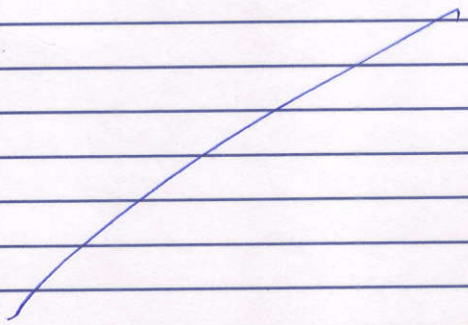


CBG

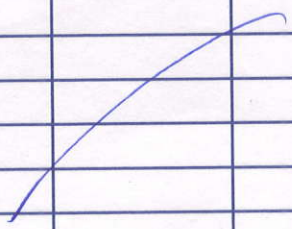
27/9/24			1
28/9/24	1	1	
30/9/24		1	
2/10/24	1		

CBG

Date	PHYSIOTHERAPY



NEBULIZER



NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Subbarao sir	26/9/24	28/9/24	1/10/24				
Dr. Ramya madam.	28/9/24	29/9/24	30/9/24	1/10/24			

PHARMACY

OT DRUGS REPLACED :-

BILL CLEARED : Medicine - 7,081/-

RETURNS CHECKED : Return - 674/-

6,407/- 02/10/24

AMBULANCE

Other Procedures : (specify) :-

Admission Officer : Adhi

Sister In-charge