



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. Gubbala Suryavathi

DD-7/10/24
D.O.A. 2-10-24 Time 1:39 AM

IP No. 515

Dis: SAB

Room No. SICU

Rent Per Day 9000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
2/10/24	2 AM	EMP	SICU	D. Talari (OPUS)
2/10/24	1:30 PM	SICU	General Ward	UMA TELI 3.
3/10/24	11:30 PM	FLW	SDCC	Bhaskar. Olay

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

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
2/10/24	1:30 AM	2/10/24	1:10 PM	2/10/24	2 PM	2/10/24	8:30 PM
4/10/24	12 AM			4/10/24	12 AM	5/10/24	5 PM
				5/10/24	7:10 PM	5/10/24	10:30 PM
				6/10/24	10:00 AM	6/10/24	1:00 PM
				6/10/24	11 PM	7/10/24	1 AM

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
2/10/24	1:30 AM	2/10/24	9:00 AM				
3/10/24	11 PM	4/10/24	8:00 AM				

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

LABORATORY

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

2/10/24 2D Echo. (paid by patient)
 5/10/24 ECG. ECG
 5/10/24

CBG

CBG

2/10/24 1
 3/10/24
 4/10/24 1.
 5/10/24 1
 6/10/24 1
 7/10/24 1

1

Date

PHYSIOTHERAPY

4/10/24 Physiotherapy done - 1

NEBULIZER

NEBULIZER

2/10/24 (1) 1 1
 3/10/24 1 + 1 1 1
 4/10/24 1 + 1 1 1
 5/10/24 1 1
 6/10/24

[illegible]