Cash

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Baby. A. Saranya; 4/F

DOD: 4/10/24

D.O.A. 2/10/24 Time 3:21PM

IP No. 518

Dsis:- Dog bite ↑ Ear injury

Room No. single room non Ac

Rent Per Day 3000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
2/10/24	3:30pm	EMR	1st floor 103 Room	P. Sandhya 0017
3/10/24	12:05pm	103	OT	Chithi 0042
3/10/24	2 pm	OT	SICU	Mani 0003
3/10/24	6pm	SICU	103 room	pranavi 0107

OPERATION THEATRE

Date	:	3/10/24	OT No.	:	I.
Surgeon	:	Dr. Krishnarao.	Start Time	:	12:30pm
I Asst. Surgeon	:	-	End Time	:	2:15pm
II Asst. Surgeon	:	-	Dis. Pack	:	-
III Asst. Surgeon	:	-	Diathermy	:	12:40pm to 1:30pm
Anaesthetist	:	Dr. Sandeep. Mane.	C-Arm	:	-
OT Nurse	:		Arthroscopy	:	-
Name of Surgery	:	(Rt) Ear suturing. grafting	Laproscopy	:	-
			Sevoflurane / Isoflurane	:	-
			Inj. Fentanyl	:	-
			Others	:	-

MONITOR

Date	Start	Date	Disconnect
3/10/24	2 pm	3/10/24	6 pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
3/10/24	2 pm	3/10/24	5 pm

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

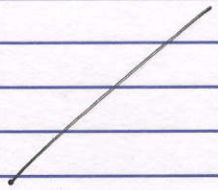
Date	Start	Date	Disconnect

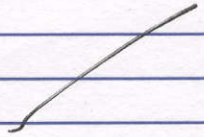
OPERATION THEATRE

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	:

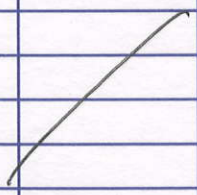
Date	LABORATORY

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

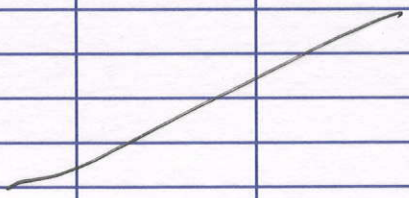




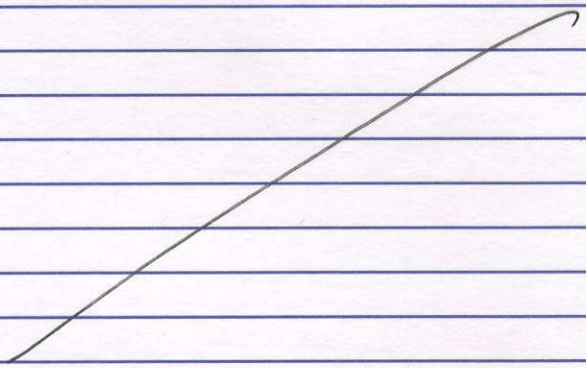
CBG



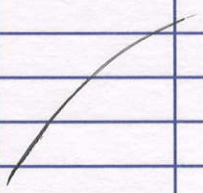
CBG



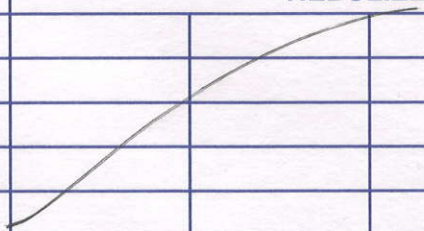
Date	PHYSIOTHERAPY



NEBULIZER



NEBULIZER



CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Kopsha Rao	3/10/24						

PHARMACY

OT DRUGS REPLACED : –

BILL CLEARED : Medicine – 1362/-

RETURNS CHECKED : Consumables – 2443/-

Total → 3805/-

Returns (-) 361/-

Rs 3444/-

AMBULANCE

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge