BILLING CARD

MH/ PRINT / 0007 / BILL / FO

DOD:-5/10/24

Patient Name Mrs:- Kolla Nagaratnam age:-65 D.O.A. 3-10-24 Time 10:23 pm

IP No. 523 Dsis-pain of (RH) Shoulder

Room No. General ward Rent Per Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
3/10/24	10:50pm	EMR	F/W	D. Telugi (Exam)
4/10/24	1215 Am	Femalewward	OT	A.Sridevi - 0041
4/10/24	2 pm	OT	SICU	Mani
4/10/24	4 pm	SICU	F/W	prasanna 0107

OPERATION THEATRE

Date	: 4/10/24	OT No.	: I
Surgeon	: Dr. suryaprasad	Start Time	: 1:30pm
I Asst. Surgeon	:	End Time	: 1:50pm
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: -
Anaesthetist	: Dr. sandeep	C-Arm	: 1:30pm to 1:45pm
OT Nurse	:	Arthroscopy	: -
Name of Surgery	: (RT) shoulder dislocation	Laproscopy	: -
		Sevoflurane / Isoflurane	: -
		Inj. Fentanyl	: -
		Others	: -

MONITOR

Date	Start	Date	Disconnect
4/10/24	2pm	4/10/24	4pm

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

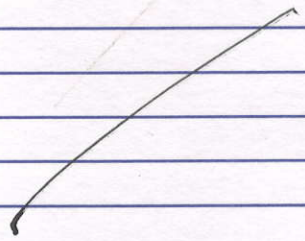
Date	Start	Date	Disconnect

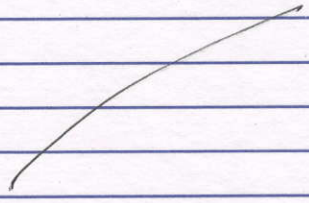
OPERATION THEATRE

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	:

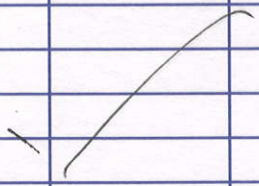
Date	LABORATORY

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

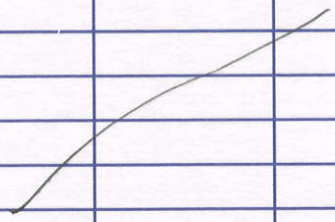




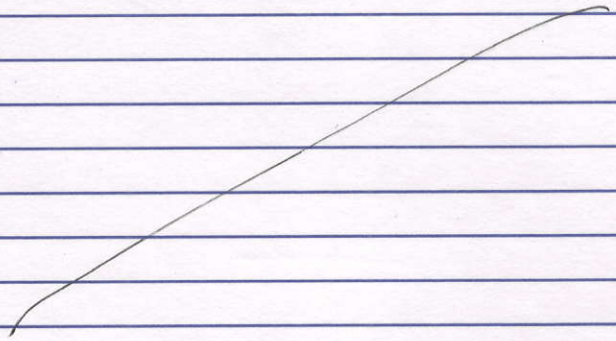
CBG



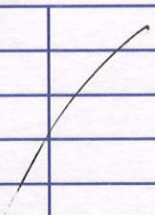
CBG



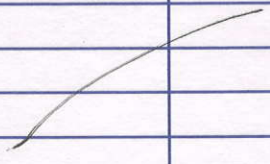
Date	PHYSIOTHERAPY



NEBULIZER



NEBULIZER



CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Suryaprasad sir							

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: –	
BILL CLEARED	: Medicine – 2952/-	
RETURNS CHECKED	: Returns – 150/-	
	Total → Rs 2902/-	5/10/24

Other Procedures : (specify) :-

Admission Officer : Asha

Dr. Ratna NS P. Vardhini (0090)
Sister In-charge