



BILLING CARD

Cash
MH/ PRINT / 0007 / BILL / FO

Patient Name S. bhaskar Rao 80 yrs / m

DOB: -10/10/24

D.O.A. 6/10/24 Time 9:1 PM

IP No. 533

Δ. CVA & Dysselectrolytismia.

Room No. Non AC Single Room :-

Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
6/10/24	9:30pm	EMR	1st floor Room! -102	Sudha
6/10/24	10:40pm	R-102	RICU	Laxmi
8/10/24	12:00pm	S.T.-C.U.	101 Room	Kalyani

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
6/10/24	11 PM	8/10/24	12 PM	6/10/24	11 PM	7/10/24	8 AM

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE	
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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date	LABORATORY
7/10/24	G/ electrolyte, PPBS
8/10/24	electrolyte,
9/10/24	FBS, CUE, S-electrolyte, PPBS

[illegible]**CBG** $1 + 1$

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101012

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[illegible]
$$7 \overline{) 1024}$$

physiotherapy done by Dr D.S. Lehari (1+1)

8 | 10 | 24

physiotherapy done by Dr. D. S. Lahari (1+)

NEBULIZER

NEBULIZER

[illegible]