



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name

IP No.

Room No.

Mrs.SOUNDHARYA

30/Female:MHM202407384

09/10/2024 1PM2024000948

Dr.NANDIGAM SANTOSHI /

D.O.A. 9/10/24 Time 8:30

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
9/10/24	9.30pm	EP	11 th floor 309	R. Pundirani

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	
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	Inj. Fentanyl :
	Others :

[illegible]

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

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]