



**PARTICULARS SHOWING CHARGES FOR TREATMENT GIVEN TO
MINOR PROCEDURE INDOOR PATIENT IN THE WARDS**

Name: _____ Age: _____ Sex: _____ I.P. Number: _____

Dr. Name: _____ Ward: _____ Bed: _____ UHID: _____

Date	Name of Treatment	Amount to be charged	Signature
5/10/24	OT charges (1-5) 1 OT consumable charge Rs. 1000/- CSSD / Steril charge Rs. 1500/- Cantrey charge Rs. 1500/- Anesthesia machine charge Rs. 500/-	Rs. Ps.	✓
5/10	Air bed started 6:30 pm		✓
5/10	Ventilator started 8:30 pm 14/10 Ventilator stopped at 11 Am		✓
6/10/24	Flowtrol started at 6 am		✓
11/10/24	Diagnostic lumbar puncture for CSF examination		fall C-1123
12/10/24	OT charges (1-7) OT consumable charge Rs. 300/- CSSD steril charge Rs. 750/- OT monitor charge Rs. 500/- Cantrey charges Rs. 1200/-		✓
14/10	O ₂ started at 11 Am		✓
			✓
			✓
			✓

Name of Sister incharge on duty

Who discharged the patient _____

Signature _____