

## **List of Medicines/Hospital Stay/Investigation Charges/OT Charges/Others**



<b>Indoor Treatment</b>		
1	Date of Admission	
2	Date of Discharge	
3	Surgical/Conservative	
4	Room Rent	
5	Nursing Charge	
6	Doctor's Fee	
7	Misc. Charge	
8	Operation Charge	
	a) O.T. Charge	
	b) Surgeon's Fee	
	c) Asst. Surgeon's Fee	
	d) Anaesthetist's Fee	
	e) Others	
	Total	
	Grand Total	

Countersigned

Treating Doctor/MR Bill Section i/c