11 am 9/2/24

BILLING CARD

Master.AARON SHARIFF
6/Male/MHM63727
07/02/2024/IPM2024000092
Dr.AIYSHA BEEVI

Patient Name _____ D.O.A. 7/2/24 Time 12.15 pm

IP No. _____

Room No. 111 Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
7/2/24	1pm	ER	1st Floor R-No: 111	S/N Thirdeya

OPERATION THEA TRE

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 THEA TRE

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
7/2/24	CBC, RFT, LFT, CRP, mPOBC (0804)
	Dengue NS1, IgG, IgM (0808)
	ThyPrf, Igm (0813), LEPTO IgM, SCRUB IgM (0814)
	Blood C/S (0815)
7/2/24	Covi Influenza virus Panel (0817)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
7/2/24	CXR (0816)		

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			
7/2/24	1						
8/2/24	1+1						
9/2/24	1						

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Aiysha Beevi	7/2/24	[redacted]					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	

Other Procedures : (specify) :-

Asha 3/1/24

Admission Officer : SD 3/1/24	Sister In-charge