BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Nam: Baby.FAYZUL HAQ A
2/Male/MHM64266
23/09/2024/IPM2024000864
Dr.S RAASHIDHA

IP No. _____

Room No. _____

D.O.A. 23/9/24 Time 5.15PM

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
23.9.24	6.40 Pm	ER	1st floor	Shwm 3225.
24/9/24.	10.30pm	Room 113	Room 114	Sandhya 3139

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

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
28/9/24	~~urea, creat, electrolytes. SGOT - SGPT~~
	~~Blood: C/s (·6771)~~

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

CBG

CBG

PHYSIOTHERAPY

Date

NEBULIZER

21

NEBULIZER

23/9/24	1+1+1
24/9/24	2+1+3
25/9/24	1+1+1
26/9/24	2+1+2

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. RAKSHITHA	23/9/24	~~24/9/24~~ ②	25/9/24 ①	26/9/24			

PHARMACY

OT DRUGS REPLACED : Total Sale: Rs. 4013/-

BILL CLEARED : Cash paid

RETURNS CHECKED : Time: ~~9.15~~ 3.35 pm. ~~RAM~~ 26/9/24

AMBULANCE

NIL

Other Procedures : (specify) :-

Diet –

OT equipment –

Endoscopy/colonoscopy –

Admission Officer 26/9/24

26/9/24

Sister In-charge