BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Master.ARJUN P
4/Male/MHM65126
09/09/2024/IPM2024000805
Dr.AJYSHA BEEVI

IP No. _____

Room No. ___

D.O.A. 09/09/24 Time 12.30pm

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
9/9/24	1.30 pm	ER	1st Floor (114)	Rachel

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
9/9/24	2pm		

OXYGEN

Date	Start	Date	Disconnect
9/9/24	1.00pm	10/9/24	11.8pm

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
9/9/24	CBC, CRP, RFT, LFT (6439)
	Covid influenza virus Panel (6448)

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

CBG

CBG

PHYSIOTHERAPY

Date

NEBULIZER

9/9/24 2+2
10/9/2 2+2+2
11/9/24 2

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Aiysha Beevi							
Dr. Freena	10/9/24	11/9/24					

PHARMACY

OT DRUGS REPLACED : Total Amt. Rs. 8277.00

BILL CLEARED : paid

RETURNS CHECKED : 2243 Sep 11.

Other Procedures : (specify) :-

AMBULANCE

Nil

Out Source =

Diet =

OT - Instruments =

EEG / NCS =

Endoscopy / colonoscopy =

Admission Officer : 3/9/24

3/9/24
Sister In-charge