BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Baby.SIVESH D
2/Male/MHM68702
06/10/2024/IPM2024000930
Dr.AIYSHA BEEVI

IP No. _____

Room No. ___

D.O.A. 6/10/24 Time 11:30

Rent Per Day 2500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
6/10/24	11:45Pm	ER	IIIrd Floor 303	R. Pradeep 3rd

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
6/10/24.	CBC, CRP, SR. Electrolytes, Bld etc [7222]

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

6/10/24	X-ray ~~Chest~~ (AP) [7223]		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

7/10/24	1+		

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Dinesh	7/10/24						

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

Other Procedures : (specify) :-

Admission Officer : Ramy 3021.

Sister In-charge Kesbwani 3025