R. T. 11:30 AM

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Child.JUDEN ISAAC EMMANUVEL
4'Male'MHMG2300708
19/08/2024'IPM2024000716
Dr.AIYSHA BEEVI

Patient Name _____ D.O.A. 19/8/24 Time _____

IP No. _____

Room No. _____ Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
19/8/24	7-30pm	ER	113	

OPERATION THEATRE

Date	:	OT No.	:
Surgeon	:	Start Time	:
I Asst. Surgeon	:	End Time	:
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
naesthetist	:	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
19/8/24	CBC, CRP, RFT, LFT (5892)
	MP QBC (5899,) Dengue profile ELISA (5903)
20/8/24	CBC, Blood grouping typing (5920)
21/8/24	CBC, K+ (5935)

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

19/8/24	CXR (5898)		

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

1000 + TDS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Diysha	20/8/24						

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

Other Procedures : (specify) :-

Admission Officer 3/2024

Sister In-charge 20/8/2024