

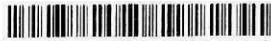
BILLING CARD

Baby. ARIVAZHAGAN A

1 Male/MHMG2301026

16/06/2024 1PM2024000484

Dr. AIYSHA BEEVI



Patient Name

IP No. _____

Room No. _____

D.O.A. 16/6/24 Time 8:00 pm

Rent Per Day 1500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
16/6/24	9:45 PM	ER	309 (Bed R104)	Forney 3198

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**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE

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Anaesthetist :	C-Arm :
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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

16/6/24 CBC, CRP, LFT, RFT (4250)

17/6/24 urino, Patho (4258) urino, c/s (4259)

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

x ray (A251)

U.S.G. Abdomen (4288)

Done

by Dr. Chandrashekar

CBG

PHYSIOTHERAPY

NEBULIZER

