BILLING CARD

Patient Name _ Child.AKSHATH K
3/Male/MHM202302907
25/01/2024/IPM2024000056
Dr.AIYSHA BEEVI

D.O.A. 25/1/24 Time 8:00 PM

IP No. _____

Rent Per Day 1500/-

Room No. _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
25/1/24	9pm	ER	3rd floor.	S/d Pooja.

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

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 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	:

Date	LABORATORY
25/1/24	CBC / ~~CRP~~ / ~~RFT~~ / ~~LRT~~ (0439)
26/1/24	TSH (0504)

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

25/1/24	CXR (0500)		
25/1/24	EEG done (0505)		
26/1/24	MRI Brain (Prasthika) (plain) (Dussia Dajd)		

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. S. Velusamy	25/1/24						
↳ 1500/-							
Dr. Aiysha begai	25/1/24	26/1/24					

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

Other Procedures : (specify) :-

S/N Gomol
26/1/24
10pm

Admission Officer : 3022

Sister In-charge