BILLING CARD

Patient Name: Child.RIDHA
9/Female/MHM202302985
22/12/2023/IPM2023001039
Dr AIYSHA BEEVI

IP No. ____
Room No. ____

D.O.A. 23/12/23 Time 23:45

Rent Per Day 1500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
22/12/23	11.50pm	ER	IV floor 309	SIN Catherin.

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
23/12/23	12Am	23/12/23	10Am

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
23/12/23	CBC (4502) blood grouping and Rh typing (4502)
(Elisa)	HbsAg, anti HCV, HIV (4507)
24/12/23	CBC, URP, Coag, LFT (4501)

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

23/12/23	C x R. (4564)
23/12/23	USG Abdomen (4592)

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Arisha beevi	23/12/23						

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

Other Procedures : (specify) :-

Gomathi 3140

Admission Officer

24/12/23 10pm

Sister In-charge