10:00am 2/1/24

INSURANCE

MH/ PRINT / 0007 / BILL / FO.

BILLING CARD

Child.SAHARSHITHA K S
3/Female/MHM202303107
31/12/2023/IPM2023001079
Dr.AIYSHA BEEVI

Patient Name

IP No. _____

Room No. ___

D.O.A. 31/12/23 Time 3:15 pm

Rent Per Day 1500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
31/12/23	5pm	ER	3rd floor 309	S/N Deeeela

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
31/12/23	9-50pm	01/01/24	7-10am

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
31/12/23	10pm	1/1/24	8am

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
21/12/23	covid Dat (4768) ✓

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

(10)

31/12/23 (1)+(1)

01/01/24 (1)+(1)+(1)+(1)+(1)

02/01/24 (1)+(1)+(1)

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sreenia	31/12/23						
Dr. Aiysha Beevi		1/1/24	01/01/24	1/1/24			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : 7128/-	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer

Sister In-charge