10:00am 2/1/24

INSURANCE

BILLING CARD

Patient Name: Child.SUDHEEKSHA K S
4/Female/MHM202303108
31/12/2023/IPM2023001080
Dr.AIYSHA BEEVI

IP No. _____

Room No. __

D.O.A. 31/12/23 Time 3:30 PM

Rent Per Day 1600/-

TRANSFER DET AILS

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

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
31/12/23	Covid Rept (4769)

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			
31/12/23	(1)+(1)		
01/01/24	(1)+(1)+(1)+(1)+(1)+(1)		
2/1/24	+(1)+(1)+(1)		

NEBULIZER			

4000 + TDS

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sreenia	31/12/23						
Dr. Aiysha Beevi		1/1/24	01/01/24	2/1/24			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : 15218/-	
BILL CLEARED :	
RETURNS CHECKED : esoy	

Other Procedures : (specify) :-

Admission Officer: 30.12

Sister In-charge