

**BILLING CARD**Patient Name ALVINIP No. 8PM2024000002

Room No. _____

Child. **ALVIN**

3/Male/MHM2024000007

01/01/2024/IPM2024000002

Dr. AIYSHA BEEVI



TRANSLATION

D.O.A. 01/01/24 Time 9pmRent Per Day 2500/-

Date	Time	From	To	Sister Signature
11/1/24	9.00pm	ER	3rd floor (303)	Sonvelhaya 3129.

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

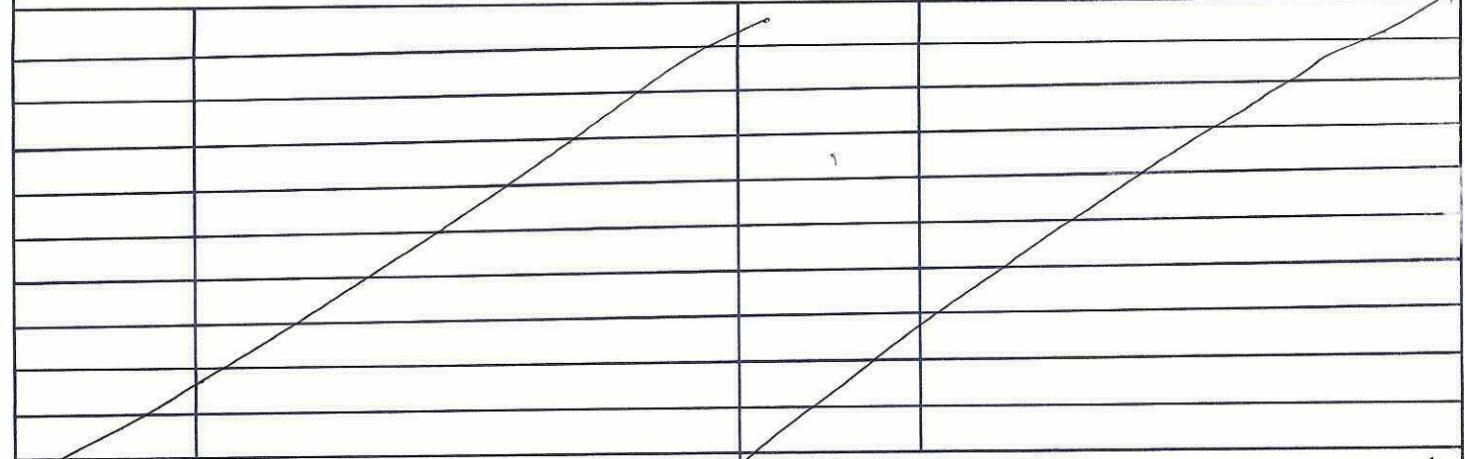
OPERATION THEA TRE	
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Date :	OT. No. :
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III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date	LABORATORY
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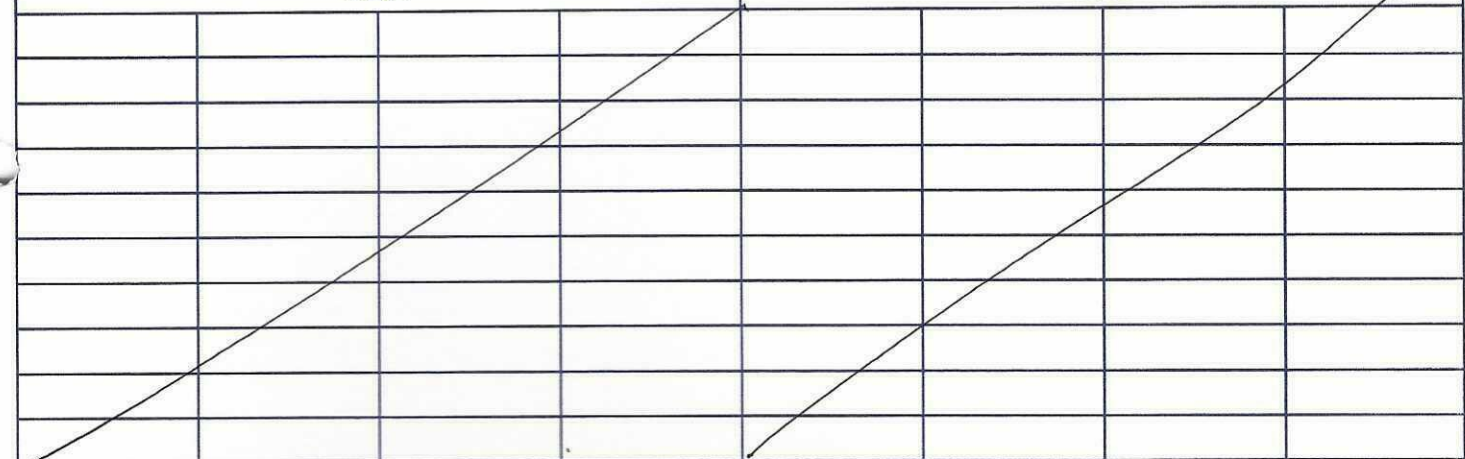
1/1/24	CBC, CRP, RFT, LFT, (007)
1/1/24	covid test (008)
3/1/24	Urine complete (0033)

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



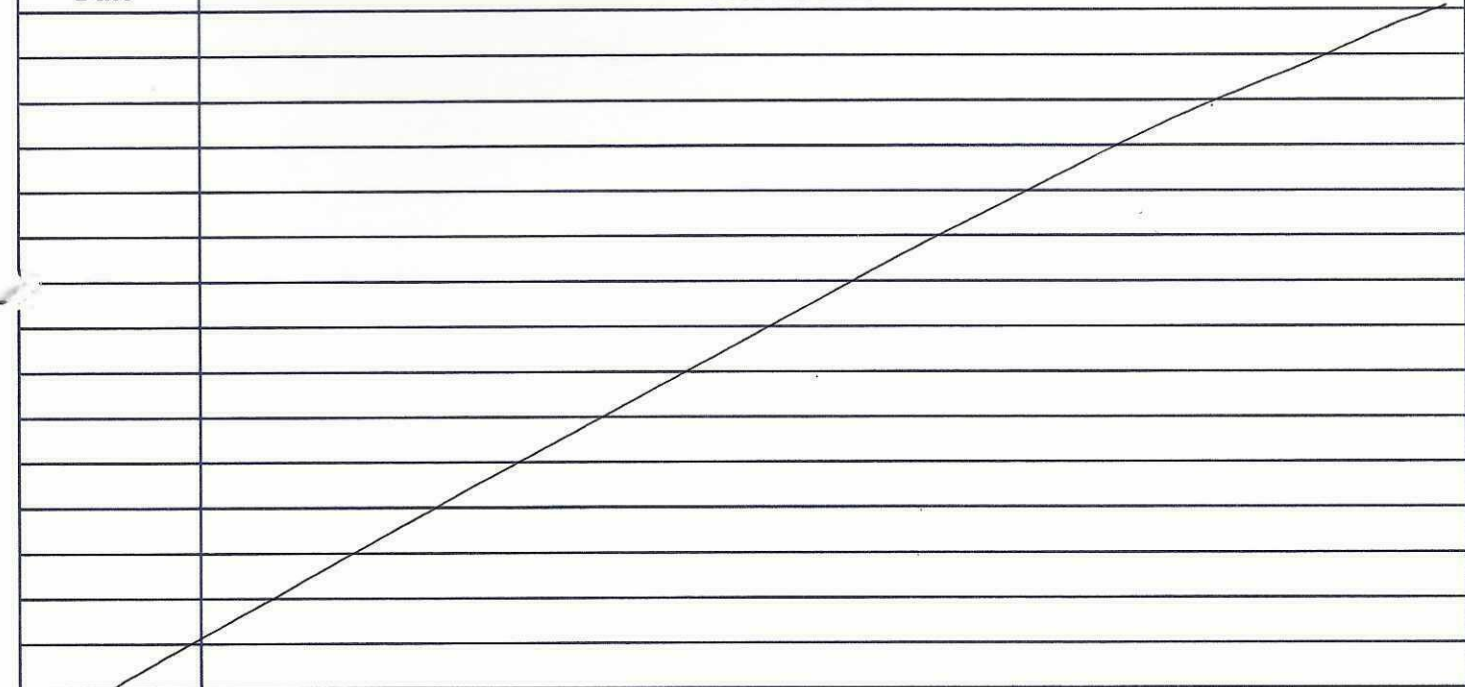
CBG

CBG



Date

PHYSIOTHERAPY



NEBULIZER

NEBULIZER

11/24 2+2+1
21/24 ②+①
31/24 2+1

[illegible]