



## BILLING CARD

Patient Name MUMTHAS BEGAMD.O.A. 29/01/24 Time 09:30amIP No. 2020000165Room No. 214Rent Per Day 1000/-

## TRANSFER DET AILS

| Date    | Time    | From      | To        | Sister Signature |
|---------|---------|-----------|-----------|------------------|
| 29/1/24 | 10:30am | Casualty  | 2nd Floor | S. K. K. K.      |
| 29/1/24 | 10:00pm | 2nd Floor | OT        | V. M. M. M.      |
| 29/1/24 | 12:30AM | OT        | ward      | S. K. K. K.      |
|         |         |           |           |                  |
|         |         |           |           |                  |

## OPERATION THEA TRE

|                   |                                |                          |               |
|-------------------|--------------------------------|--------------------------|---------------|
| Date              | : 29/1/24                      | OT No.                   | : 11          |
| Surgeon           | : Dr. N. G. Mathan. M. J.      | Start Time               | : 11:15 PM    |
| I Asst. Surgeon   | : -                            | End Time                 | : 12:05 AM    |
| II Asst. Surgeon  | : -                            | Dis. Pack                | : -           |
| III Asst. Surgeon | : -                            | Diathermy                | : 15 min.     |
| Anaesthetist      | : Dr. P. K. N. Y. appan. M. J. | C-Arm                    | : -           |
| OT Nurse          | : K. K. K. K.                  | Arthroscopy              | : -           |
| Name of Surgery   | : Lap. Cholecystectomy         | Laparoscopy              | : 15 min.     |
|                   |                                | Sevoflurane / Isoflurane | : -           |
|                   |                                | Inj. Fentanyl            | : 2 CC        |
|                   |                                | Others                   | : 1/2 hourly. |

## MONITOR

## INFUSION PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
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|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

## OXYGEN

## SYRINGE PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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|      |       |      |            |      |       |      |            |

## ALPHA BED / SCD PUMP

## VENTILATOR

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

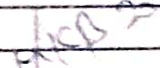
Jan - 165

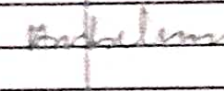
| OPERATION THEA TRE |                          |
|--------------------|--------------------------|
| Date               | OT No                    |
| Surgeon            | Start Time               |
| I Asst. Surgeon    | End Time                 |
| II Asst. Surgeon   | Dis. Pack                |
| III Asst. Surgeon  | Diathermy                |
| Anaesthetist       | C-Arm                    |
| OT Nurse           | Arthroscopy              |
| Name of Surgery    | Laproscopy               |
|                    | Sevoflurane / Isoflurane |
|                    | Inj. Fentanyl            |
|                    | Others                   |

| Date     | LABORATORY                                                |
|----------|-----------------------------------------------------------|
| 29/11/24 | CBC, EFT, LFT, Serology + BTicT, Blood Grouping & typing. |
| 30/1/24  | Biopsy (I364).                                            |

00933

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

29/1/24 chest X-ray, ECG. (  ) 

29.1.24 MRCF Axon scan meeting 

CBG

CBG

29/1/24  
CBG - (1352)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Dr. M. M. Mulla (Chairman)

[illegible]

## PHARMACY

AMBULANCE

OT DRUGS REPLACED : Total : 7589  
BILL CLEARED : Due : 4930  
RETURNS CHECKED :

Other Procedures : (specify) :-

verified by  
B-Ilarini  
8:35 PM 30/1/24

Admission Officer :

Sister In-charge