

11:30 am 6/2/24

MH/ PRINT / 0007 / BILL / FO



BILLING CARD

Patient Name **Mrs. GEETHA S**
 68/Female/MHM202403519
 IP No. 03/02/2024/1PM2024000075
 Room No. Dr. AIYSHA BEEVI

D.O.A. 3/2/24 Time 1 PM

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
3/2/24	1.40 pm	ER	3rd floor (304)	Samalhiya 939

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 :	Laproscopey :
	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
3/2/24	2pm	5/2/24	11am				

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE	
Date :	OT. No. :
Surgeon :	Start Time :
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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

3/2/24 ECG (0665)

3/2/24 USG abdomen by DR. Ramdas spot 0750

CBG

CBG

2/2/24 1 (0673) +1

4/2/24 2 (0707)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

3/2/24 2 + 2

4/2/24 2 + 2 + 2

5/2/24 2 + 2 + 2

6/2/24 2 + 1

[illegible]