BILLING CARD

Child.YUVA SHREE
3/Female/MHM202403537
05/02/2024/IPM2024000083
Dr.AIYSHA BEEVI

Patient Name _____ D.O.A. 5/2/24 Time 5:00AM.

IP No. _____ Rent Per Day 1500/-

Room No. _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
5/2/24	5:30am	ER	3rd floor	SIN/Sandhya

OPERA TION 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

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

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
5/2/24	CBC / CRP / TSH / Dengue NS1 / Igm / Igg (0760) ELFA

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
3/2/24	USG Abdomen (O#64)		

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Ali Sha Beevi	5/2/24	6/2/24	[illegible]				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer

Sister In-charge