BILLING CARD

Child.SIVANYA. C
1/Female/MHM202403669
13/02/2024/IPM2024000115
Dr.AIYSHA BEEVI

Patient Name Sivanya D.O.A. 13/2/24 Time 10:20pm

IP No. IPM2024000115

Room No. 309 Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
13/2/24	11.40pm	ER	3rd floor 309	Sanellaya 8739

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

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
13/2/24	CBC / CRP / RFT / LFT (0995)
13/2/24	Covid Rat (0996)
14/2/24	Urine Routine, urine culture (1003) ↓ (1002)

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

13/2/24	Chest xray (0998)		
14/2/24	USG done by	DR. Saraswathi mam (1078)	

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Aiysha.beevi	4/2/24						

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

Other Procedures : (specify) :-

13/2/24. IV line secured. done by DR. Madhavi
2/10.

S/N Gomathi
3140

8459.