BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Master.MAYANK
3'Male/MHM202403766
04/09/2024/IPM2024000779
Dr.AIYSHA BEEVI

Patient Name _____

IP No. _____

Room No. ___

D.O.A. 4/9/24 Time 10:00

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
4/9/24	11:30AM	ER.	3rd Floor 303.	Reeee 3170.

OPERATION THEATRE

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
4/9/24	12PM	5/9/24	12PM

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEATRE

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
4/9/24	CBC, CRP, RBT, LFT(6300) Vit D (6315)
	CoV, Influenza Virus Panel (6316)

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

4/9/24	CXR (6309/)		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

4/9/24	3		
5/9/24	1+3		
6/9/24	1+1		

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. AIYSHA BEEVI	4/9/24	5/9/24	6/9/24		~~3+TDS~~		

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amounts 3223/-	
BILL CLEARED :	
RETURNS CHECKED : 06/09/24 21m	

Other Procedures : (specify) :-

Admission Officer : 30/9/24

18 hours 30/9/24
Sister In-charge