

CASH DOD - 27/12/24 at 4:00pm
II floor**BILLING CARD**

Patient Name **Child.HAFSA FATHIMA**
7 / Female / MHC202408369
IP No. 26/02/2024/IPC2024000634
Room No. Dr.ARIVOLI

D.O.A. 26/2/24 Time 10:11AM

Rent Per Day 1200/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
Nil		Nil	Nil	

OPERATION THEATRE

Date :	OT No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon : Nil	Dis. Pack : Nil
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl : 2ml 10ml/Inj. Morphine
	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

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEATRE	
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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

291

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

NPI

NPI

CBG

ABG

ACT

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

NPI

NPI

Date

PHYSIOTHERAPY

NPI

NEBULIZER

OTHERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

25/2/24

2

27/2/24

2 ~~NPI~~

NPI