11 am 27/2/24

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Child.DIYAN. H
3/Male/MHM202403843
25/02/2024/IPM2024000151
Dr.AIYSHA BEEVI

Patient Name Diyan. H

IP No. IPM2024000151

Room No. ICU

D.O.A. 25/2/24 Time 6:30pm

Rent Per Day

Date	Time	From	To	Sister Signature
25/2/24	7.40pm	ER	ICU	Ryothanapo 3240
26/2/24	12pm	ICU	3rd Floor (309)	3241.

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
25/2/24	7.40pm	26/2/24	12pm.

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
25/2/24	7.40pm	25/2/24	8.40pm

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
25/2/24	CBC, CRP, RFT, LFT Vit D3 (1293)
	Blood gas (1294) urine complete (1295) urine cs (1296)
26/2/24	TSH (1297)

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

26/2/24	CXR (1302)		
27/2/24	USG Abdomen (1323) (Dazhi Scan)		

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Aysha Beevi	25/2/24	25/2/24	26/2/24	27/2/24			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total Amt. Rs. 2867.00	
BILL CLEARED : credit	
RETURNS CHECKED :	

Other Procedures : (specify) :-

DL 3159.

Admission Officer :

Sister In-charge