

1 pm 2/3/24

MH/ PRINT / 0007 / BILL / FO



BILLING CARD

Child.NIA

4/Female/MHM202403907
29/02/2024/IPM2024000164

Dr. AIYSHA BEEVI



Patient Name Nia

IP No. 8pm2024000164

Room No. 308

O.A. 29/02/24 Time 8:40pm

nt Per Day _____

TRANSFER DETAIL

Date	Time	From	To	Sister Signature
29/2/24	10pm	BR	3rd floor	S/N Thilaga

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 :	Laprosocopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

29/12/24 C-X Ray 1383)
 1/3/24 USG Abdomen done by Dr. Ramesh (1393)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

