BILLING CARD

Baby.MUBIN VARSHAN
0/Male/MHM202403975
05/03/2024/IPM2024000177
Dr.AIYSHA BEEVI

Patient Name ___
IP No. ___
Room No. 307

D.O.A. 05/03/24 Time 12.30 pm

Rent Per Day 4,000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
05/03/24	1 PM	E.R.	3rd FLOOR R.NO:308	Lt. Usha 3K1

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
5/03/24	CBC / ~~CRP~~ / RFT / ~~LFT~~ / (1500)

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

5/3/24	x-ray Chest done	(OP)	patel

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

~~5/3/24~~	~~2+2~~		
~~6/3/24~~	~~2+2~~ + (2)		

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Ayisha Beevi	5/2/24	6/2/24					

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

Other Procedures : (specify) :-

3/5

Admission Officer : 3/8	Sister In-charge