

BILLING CARD



Patient Name

Mrs. GEETHA.

D.O.A. 11/03/24 Time 7.00 PM

IP No.

Mrs. GEETHA

45/Female/MHM202404068

Room No.

Date of Reg : 11/03/2024 06:28 PM

Rent Per Day 4,000 /-

TRANSFER DET AILS

Date	From	To	Sister Signature
11/3/24 8.15 PM	ER	R ^{1st} floor (304)	Mr. Deif 25/1

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

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

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Anaesthetist :	C-Arm :
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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

11/3/24 CBC, RFT (1670)

12/3/24 CBC (1709)

13/3/24 RFT (1736)

Urine Ketone (1756)

15/3/24 BT, CT (1798)

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

13/2/24 USG abdomen Done by DR. Ramash sir (MS)

CBG

CBG

11/3/24 1 (1710) CBG-1 (1727)

13/3/24 1 (1737) 2 (1751)

15/3/24 1+ (1797) CBG-3 (1804)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

