BILLING CARD

Baby.AADHAV
1/Male/MHM202404107
14/03/2024/IPM2024000209
Dr.AIYSHA BEEVI

Patient Name Aadhav
IP No. Ipm2024000209
Room No. 309

D.O.A. 14/3/24 Time

Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
14/3/24	11.30pm	ER	3rd floor (309)	M-Deol/2543

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
13/3/24	CBC, RFT, LFT, CRP, Vit D_3, TSH (1790)
	Urine R/E (1791) Urine C/S (1792)

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

14/3/24	CXR (1793)		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Aiysha Beevi	14/3/24	15/3/24	16/3/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 1428/-	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

31/3/24

Admission Officer :

31/3 at 11.30 am

Sister In-charge