BILLING CARD

Patient Name: Mr.SHERIFF . V
73/Male/MHM202404248
25/03/2024/IPM2024000246
Dr.AIYSHA BEEVI

IP No. _____

Room No. _____

D.O.A. 25-03-24 Time 11.30pm

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
26/3/24	1.30AM	ER	3rd floor 308	RMohana 3240

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

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

28/3/24	chest x-ray (2177)

CBG

26/3/24	CBG (2132) + 9 (2153)
27/3/24	CBG (2156) 2 (2173)
28/3/24	1 (2176) + 1 (2184)

CBG

PHYSIOTHERAPY

Date

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Aysha Beevi	25/3/24	26/3/24	27/3/24	28/3/24			
Dr K. Subramaniyan (Urologist)	26/3/2024.						
DR. KOUSHIK	26/3/24						

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

Other Procedures : (specify) :-

27/3/24 pt attender. consaltant DR. Aysha mam

30/3/24

Admission Officer :

Sister In-charge