Insurence.

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Mrs.FAZILA BEGUM K
32/Female/MHM202404256
29/07/2024/IPM2024000631
Dr.AIYSHA BEEVI

Patient Name _____

IP No. _____

Room No. ____

D.O.A. 29/7/24 Time 9:45PM

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
29/7/24	10:30pm	ER.	3rd Floor.	SIN Ashaben

OPERATION THEATRE

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
29/7/24	10:30pm	1/8/24	10:30 AM.

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEATRE

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
~~29/7/24~~	CBC, RFT, LFT (5318)
29/7/24	COVID Influenza Panel (5319)

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

30/7/24	ECG (5367)		

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

30/7/24	1+1+1	+1	
31/7/24	1+1+1	+1	
1/8/24	1+1+1		

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Aisha beevi	30/7/24	31/7/24					

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

Other Procedures : (specify) :-

30/7/24 @ 10 am

Admission Officer : 30/7/2024

Sister In-charge