



BILLING CARD

Patient Name Blo Lavanya

B/O. LAVANYA. A

0/Male/MHM202404961

25/05/2024/IPM2024000424

Dr. AIYSHA BEEVI


IP No. 8pm 2024 000424

D.O.A. 25/5/24 Time 1pm

Room No. 304

Rent Per Day _____

Date	Time	From	To	Sister Signature
25/5/24	1:45 PM	CR	3 rd Floor 304	[Signature]

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

DOUBLE SURFAC MONITOR PHOTOTHERAPY

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
25/5/24	1:45 PM	27/5/24	11:30 AM				

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

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

27/5/24 Sr. Bilirubin : Total, Direct, Indirect (3703)

[illegible][illegible][illegible][illegible]

PHYSIOTHERAPY

[illegible][illegible]

[illegible]