

(INSURANCE)

MH/ PRINT / 0007 / BILL / FO

**BILLING CARD**Patient Name Kathija Begum Noormohammed.D.O.A. 30/5/24 Time 9:10pmIP No. IPM2024000441Room No. 303

Mrs. KATHIJA BEGUM NOORMC
47 / Female / MHM202405028
30/05/2024 / IPM2024000441
Dr. SARALA

Rent Per Day 2500/-

Date	Time	To	Sister Signature
30/5/24	10:30pm	3rd floor (607)	M. Begum / 2500

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

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 :

[illegible]

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

24/5/24 ECG (3854) ✓
 31/5/24 CXR (3857) ✓
 16/24 Echo (3800) ✓

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]