

BILLING CARD

Mrs. ARIFA BEGUM A K
60/Female/MHM202405049
01/06/2024/IPM2024000451

Patient Name

IP No.

Room No.

Dr. SARALA



D.O.A. 1/6/24 Time 12.00pm

Rent Per Day 4000/-

RANSFER DET AILS

Date	Time	From	To	Sister Signature
1/6/24	5:15 PM	SA	3rd Floor Rm. 302	Krishna 3022

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

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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date	LABORATORY
1/6/24	CBC, CRP, LFT, RFT, BT, CT (3902)
2/6/24	lipid profile, GP5 (free), HbA1c, glucose fasting (3908)
	urine complete; urine E/S (3809)
2/6/24	PPBS (3917)

[illegible]

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