INSURANCE

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name ____ Ms.DARSHIKA P
11/Female/MHM202405150
10/06/2024/IPM2024000468
Dr.MOHAMMED SIDDIQUE

IP No. ____

Room No. ____

D.O.A. 10/6/24 Time 6pm

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
10/6/24	3PM	ER	III floors 357	Rani
10/6/24	5 PM	3rd FLOOR	OT.	Mrs Bhavani 3022
10/6/24	6.00PM	OT	3rd floor	Shruti 3169

OPERATION THEA TRE

Date	: 10/6/24	OT No.	: OT-1
Surgeon	: DR. MOHAMMED SIDDIQUE	Start Time	: 5.10PM
I Asst. Surgeon	:	End Time	: 5.30 PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. SENTHIL KUMAR	C-Arm	:
OT Nurse	: SANJAVI	Arthroscopy	:
Name of Surgery	: (Rt) EAR WAX REMOVAL	Laproscopy	:
	↓ IV SEDATION	Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	: INJ. KETAMINE 1cc IVLED

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
12/6/24	CBC, Urea, Creatinine, Sr-Electrolyte
	Viral serology (Card Method) (41365)

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

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Mohammed Shoukry	21/8/19						

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

Other Procedures : (specify) :-

OT CLEARANCE GIVEN

2:55 pm

Admission Officer : 21/8/19

Sister In-charge 21/8/19