BILLING CARD

INSURANCE

Patient Name: Mrs.SUDHISHA S
37/Female/MHM202405211
14/06/2024/IPM2024000477
Dr.MOHAMMED SIDDIQUE

IP No. _____

Room No. __

D.O.A. 14/6/24 Time 12:30 PM

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
14/6/24	01.30pm	ER	3rd floor (302)	Trilogy.
15/6/24	5.45Am	3rd floor	~~302~~ OT	Sandhiya 3139
15/6/24	8:00Am	OT	3rd floor	Jyothi 3164

OPERATION THEA TRE

Date	: 15/6/24	OT No.	: 01
Surgeon	: DR.MOHAMMED SIDDIQUE	Start Time	: 6.00Am - ~~7.00Am~~
I Asst. Surgeon	:	End Time	: 7.00Am
II Asst. Surgeon	:	Dis. Pack	: –
III Asst. Surgeon	:	Diathermy	: –
Anaesthetist	: DR. BALAJI	C-Arm	: –
OT Nurse	: SANGHAVI	Arthroscopy	: –
Name of Surgery	: (1) CARTILAGE TYMPANOPLASTY (2) RETEROGRADE MASTOIDECTOMY	Laproscopy	: Light source & camera used
		Sevoflurane / Isoflurane	: –
		Inj. Fentanyl	: –
		Others	: –

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

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. M. Siddique	15/6/24						

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

Other Procedures : (specify) :- OT clearance done 30/6/24

Admission Officer : 30/6

31/6/24

~~Sister In~~-charge