



BILLING CARD

Patient Name Karkuzhali

IP No. 24/06/24 1000 502

Room No. 308

Mrs. KARKUZHALI P

41/Female/MHM202405347

24/06/2024/1PM2024000502

Dr. AIYSHA BEEVI


D.O.A. 24/6/24 Time 8:45 PM

Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
24/6/24	1000pm	ER	Third Floor (308)	[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 :

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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	Others :

Date	LABORATORY
25/6/24	CBC, RFT, LFT, RBS, HbA1C, CRP, ESR, TFT (44/15)
	urine CB (44/16), urine complete (44/18)
	ABG (1/1/19)
25/6/24	Urea, Creat, KFT Potassium, Bicarbonate - HCO ₃ ⁻ , Dengue NSI, Tgm, IgG (E/isa), Thyroid IgM Rapid Scrub IgM, Japto IgG (44/30) LFT (44/31)
25/6/24	TGG (Immunoglobulin - G) - (Delto)

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

25/6/24

ECG (4420)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

