

**BILLING CARD**

Patient Name Hiran
 IP No. Spn 2024000503
 Room No. 306

Baby.HIRAN MIDHUN

2'Male/MHM202405351

24/06/2024/1PM2024000503

Dr.AIYSHA BEEVI

D.O.A. 24/6/24 Time 11 pmRent Per Day 4000/-

Date	Time	From	To	Sister Signature
24/6/24	11.15pm	ER	Ward floor (306)	Foray 219/2

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

25/6/24 C BC, LFT, Creatinine (1417)

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

[illegible]

CBG

CBG

[illegible]

PHYSIOTHERAPY

Date _____

[illegible]

NEBULIZER

NEBULIZER

[illegible]

