



BILLING CARD

Patient Name

Ms. DEVADHARSHINI A

11/Female:MHM202405426

30/06/2024/1PM2024000521

D.O.A. 30/6/24 Time 12.15AM

IP No. _____

Dr. AIYSHA BEEVI

Room No. _____



Rent Per Day 2500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
30/06/24	1.30 PM	ER	11th floor	J. [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 :	Laproscopey :
	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

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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

Date	LABORATORY
30/6/24	Scrub Pgm Cpto Pgm (4538) D-Dimer (4538)
30/6/24	Ser Ferritin, LDH, CRP, C-reactive PPT, ESR, CRP (4552)
30/6/24	Blood C18 (4553)
30/6/24	Urine @, urine complete (4562) Urine C/S (4563)
1/7/24	CRP, D-Dimer (4583)

OPERATION THEA TRE	
Date :	OT. No. :
Surgeon :	Start Time :
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III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date	LABORATORY
30/6/24	Scrub Pgm Copto Pgm (A538) D-Dimer (A538)
30/6/24	Serum Ferritin, LDH, CRP, C-reactive protein, ESR, CRP (4552)
30/6/24	Blood C/S (4553)
30/6/24	Urine @, urine complete (4562) Urine C/S (4563)
1/7/24	CRP, D-Dimer (4583)

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30/6/24	Scrub Pgm Copto Pgm (A538) D-Dimer (A538)
30/6/24	Serum Ferritin, LDH, CRP, C-reactive protein, ESR, CRP (4552)
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30/6/24	Urine @, urine complete (4562) Urine C/S (4563)
1/7/24	CRP, D-Dimer (4583)

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