BILLING CARD

Patient Name _ Mr.SIKKANTHAR BADHUSA S
44/Male/MHM202405444
30/06/2024/IPM2024000523
Dr.MOHAMMED SIDDIQUE

IP No. _____

Room No. ___

D.O.A. 30/6/24 Time 9.45 PM

Rent Per Day 1500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
30/6/24	10.30 PM	ER	III rd floor	SINI Kavi 3156
1/7/24	5.10 AM	3rd floor	OT	[illegible] 3164
1/7/24	7.30 AM	OT	3rd floor	Smiji 3169

OPERATION THEA TRE

Date	: 1/7/2024	OT No.	: OT - 1
Surgeon	: DR. MOHAMMED SIDDIQUE	Start Time	: 5.30 AM
I Asst. Surgeon	:	End Time	: 6.00 AM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. SYED	C-Arm	:
OT Nurse	: SANJAVI	Arthroscopy	:
Name of Surgery	: MICROLARYNGEAL EXAMINATION T EXCISION. ↓ GA	Laproscopy	:
		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			
30/6/24	1						
1/7/24	2.						

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
1) Dr. Mohammed Siddiq	1/7/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Paid Amt - 5046 BILL CLEARED : Refund - 3271 RETURNS CHECKED :	

Other Procedures : (specify) :-

OT cleared

Admission Officer :

Sister In-charge