BILLING CARD

Mrs.ANANDHI
31/Female/MHM202405459
01/07/2024/IPM2024000527
Dr.AIYSHA BEEVI

Patient Name _____ D.O.A. 01/07/24 Time 2.00pm

IP No. _____

Room No. 303 Rent Per Day 2500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
1/7/24	2.30pm	ER	3rd Floor (303)	Kavi(SN)

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

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
1/7/21	CBC / RFT / LFT (4580)

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. Aiysha Noori	1/7/24	2/7/24					

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: Total sale: Rs. 3933/-	
BILL CLEARED	: cash paid.	
RETURNS CHECKED	: 3167 2/7/24.	

Other Procedures : (specify) :-

Admission Officer

Sister In-charge