2/7/24 11:30 AM

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name : Mr.SHYAM
21/Male/MHM202405488
02/07/2024 IPM2024000531

IP No. _____

Room No. ___

Dr.MOHAMMED SIDDIQUE

D.O.A. 02/7/24 Time 9.45PM

Rent Per Day 1500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
2/7/24	9.45 PM	ER	Ward 3rd Floor	Kavi
3/7/24	5.15 am	3rd Floor	OT	Sarita 3219
3/7/24	7.30 AM.	OT	3rd Floor	Smti 3169

OPERATION THEA TRE

Date	: 3/7/24	OT No.	: OT - 1
Surgeon	: DR. MOHAMMED SIDDIQUE	Start Time	: 5.45 AM
I Asst. Surgeon	:	End Time	: 6.30 AM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. SYED	C-Arm	:
OT Nurse	: SANGAVI	Arthroscopy	:
Name of Surgery	: SUBMUCOSAL RESECTION & TURBINOPLASTY. UNDER GA	Laproscopy	: LIGHT SOURCES & CAMERA USED.
		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

02/7/24	(A606)		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. MOHAMMAD SIDDIQUE	3/7/24	45000					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount 5696/-	
BILL CLEARED : 3/7/24	
RETURNS CHECKED :	

Other Procedures : (specify) :-

OT cleared
3/7/24

3/7/24

Admission Officer :

Sister In-charge