

INSURANCE

MH/ PRINT / 0007 / BILL / FO

BILLING CARD



Patient Name

Child. THANSHIKA S

1 Female/MHM202405537

04/07/2024/1PM2024000541

IP No.

Dr. AIYSHA BEEVI

Room No.



D.O.A. 4/7/24 Time 11:00 PM

Rent Per Day

4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
4/7/24	11:50 PM	ER	211 rd 7/1008	J. W 3222
5/7/24	2:00 PM	11 th floor	711 Room 12 th floor	Room 3198

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 :	Laprosocopy :
	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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Anaesthetist :	C-Arm :
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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

1.

CBE, RET, LFT, CRP, TSH, Vit - D₃ [4639]

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

06/07/24 USG - Abdomen and pelvis Done by Dr Anand Sasidhar (4696)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

4/7/24

4+

5/7/24

5+2

6/7/24

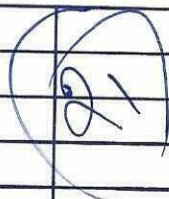
3+3

7/7/24

3+3

8/7/24

1



[illegible]