

**BILLING CARD**

Patient Name

Baby.CHILD AASHVI

3 Female/MHM202405548

05/07/2024/1PM2024000546

Dr.AYSHA BEEVI

IP No. _____

Room No. _____



D.O.A. 05/7/24 Time 3.45pm

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
5/7/24	6.30pm	ER	Recovery Room	Dhanalakshmi

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

Date

LABORATORY

6/7/24 CBC (4684)

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

6/7/24 DSCN C4698)

CBG

CBG

PHYSIOTHERAPY

Date

NEBULIZER

NEBULIZER

