

RT 20/7/24 11:30 AM



BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Child. Swasthika

D.O.A. 17/7/24 Time 10pm

IP No. Rpm 2024070589

Child.SWASTHIKA. G

8'Female/MHM202405783

17/07/2024 1PM2024000589

Room No. 303

TRA

Dr.AIYSHA BEEVI

er Day 2500/-

Date	Time	From		Sister Signature
17.7.24	10.50pm	ER	3rd floor 303	Sham 224

OPERATION THEATRE

Date :	OT No. :
Surgeon :	Start Time :
st. 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 THEATRE

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	Inj. Fentanyl :
	Others :

Date	LABORATORY
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[illegible]

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

17.7.24 Xray chest - ① (A936)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]