BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Child.AJISH A S
2'Male'MHM202406304
12/08/2024'IPM2024000684
Dr.AIYSHA BEEVI

IP No. _____

Room No. __

D.O.A. 12/8/24 Time 9.50pm

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
12/08/24	10:40pm	BR	1st floor (113)	G. usha (3131)

OPERATION THEATRE

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 THEATRE

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	: EXTRA BILL
		Sevoflurane / Isoflurane	: NEED TO DELETE
		Inj. Fentanyl	: CBC 1 TIMES
		Others	: LFT 2 TIMES

Date	LABORATORY
12/8/24	CBC / ~~Cuvet~~ / ~~LFT~~ / ~~Dengue IgM / IgM / NS1 (Elisa) (5643)~~
	Blood Gls (5643) / Dengue ~~profile~~ IgM / IgG / NS1 (Elisa) (05647)
14/8/24	CBC (5695)

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

12/8/24	Xray Chest (5644)		
13/8/24	USG abdomen done	by DR Sowmya Sravanthi (5664)	

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Ayisha Beevi	12/8/24	13/8/24	-②	14/8/24	15/8/24	4+T	

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer :	Sister In-charge