

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**

Patient Name

Child.AJISH A S

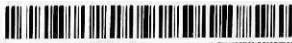
2'Male/MHM202406304

12/08/2024 1PM2024000684

IP No. _____

Dr.AIYSHA BEEVI

Room No. _____

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

[illegible]

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

12/8/24 X-ray Chest (5644)
 13/8/24 USG abdomen done by Dr. Girish Suresh (5664)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]