BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Master.THEJAS A
9/Male/MHM202406331
13/08/2024/IPM2024000693
Dr.AIYSHA BEEVI

D.O.A. 13/8/24 Time 10.00pm

IP No. _____

Room No. _____

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
13/8/24	11 Pm	ER	IIIrd Floor	Kavi 3196
14/8/24				

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

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

14/8/24	USG Abdomen (5700)		

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

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	:

Date	LABORATORY
13/8/24	Creatine, RFT (5682)
14/8/24	P/t. Blood Group - (5685)
14/8/24	LBC (5699)
17/8/.	

2250

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR- Aiyshar Braani	14/8/24.						

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

Other Procedures : (specify) :-

Admission Officer :

Sister ~~In-charge~~