BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. Arabiya Begam. M. D.O.A. 23/8/24. Time 12.30pm.

IP No. 2024/00/082.

Room No. ICU. Rent Per Day 4100 /—

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
24/8/24	1.45pm	casualty	ICU	Sr Celin Rani 2330

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
24/8/24	2pm	24/8/24	6pm

INFUSION PUMP

Date	Start	Date	Disconnect
24/8/24	1:15pm	24/8/24	6pm
24/8/24	2pm	24/8/24	6pm

OXYGEN

Date	Start	Date	Disconnect
24/8/24	2pm	24/8/24	6pm

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	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

Date	LABORATORY
24/8/24	CBC, CRP, RBS, RFT, LFT, Electrolytes, Serology, S. Amylase, Sr. Calcium, ESR, urine complete (10748).
	Blood group BT, CT, PBNR, APTT.

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

24/8/24	ECG (10748)		
24/8/24	Echo ( )		

CBG

24/8/24	CBG (10748).		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

Ref: Al-Karim Trust. (2000):-

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jamuna	24/8/24						

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

Other Procedures : (specify) :-

center line done by Dr. Jamuna.

24/8/24 Intubation done by Dr. Jamuna

24/8/24 Ryle tube done (Lavage)

verified by Sister

Admission Officer :

Sister In-charge