BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Mr.KARTHICK V R
44/Male/MHM202406752
05/09/2024/IPM2024000786
Dr.MOHAMMED SIDDIQUE

IP No. _____

Room No. ___

D.O.A. 5/9/24 Time 8:30PM

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
5/9/24	9.40 Pm	ER	3rd floor	Shenu 5.9.24
6/9/24	5.00AM	3rd floor	OT	H. Kamimed 3167
6/9/24	6.50 AM	OT	3rd floor	BAVANI 3216

OPERATION THEATRE

Date	: 06/09/2024	OT No.	: 01
Surgeon	: DR. MOHAMMED SIDDIQUE	Start Time	: 5.30 AM
I Asst. Surgeon	:	End Time	: 6.30 AM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. SYED	C-Arm	:
OT Nurse	: SANGAVI	Arthroscopy	:
Name of Surgery	: MLE & EXCISION OF MASS.	Laproscopy	: LIGHT SOURCES & CAMERA USED (HEPL
	U/G/A	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 :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date	LABORATORY

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

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Mohamed Sadiq	6/9/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 5926/-	No Ambulance - ✓
BILL CLEARED :	
RETURNS CHECKED : 6/9/24 2pm	

Other Procedures : (specify) :- OT clearance done 3022.

Admission Officer : 3022

Sister In-charge