BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Nam: Child.SUGAN V
3/Male/MHM202406791
07/09/2024/IPM202400795
Dr.AIYSHA BEEVI

IP No. _____

Room No. ____

D.O.A. 7/9/24 Time 8:15

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
7/9/24	9Pm	ER	3rd floor	Shemy 3224

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	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

Date	LABORATORY
7/9/24	CBC, CRP, RFT, LFT, typhoid IgM, Dengue, peripheral Elisa, (Hb 6/402)

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

7/9/24	CXR (BA01) ✓		
8/9/24	USG abdomen done by Yashoda scan. (BA11)		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Ayisha Beeri	7/9/24	8/9/24	9/9/24	10/9/24	11/9/24.		

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 2204/-	No Ambulance.
BILL CLEARED : 11/9/24 2/32 Pm	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer: 30/9/24

Sister In-charge