BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Mrs.GOGA DEVI
52/Female/MHM202406794
07/09/2024/IPM2024000797
Dr.AIYSHA BEEVI

Patient Name _____

IP No. _____

Room No. ___

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

Rent Per Day 2500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
7/9/24	9.30 PM	ER	3rd Floor	8/9/2024

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
8/9/24	CBC / LFT (6413)

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

7/9/24	ECG - (1) (6406)	
7/9/24	x-ray chest - (1) (6406)	
8/9/24	USG abdomen PP [64,16] (yashi scan)	

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Arjisha Rewri	7/9/24	8/9/24	9/9/24	2000+TDS			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 4807/-	
BILL CLEARED : 9/9/24	
RETURNS CHECKED : 4:17pm	

Other Procedures : (specify) :-

Admission Officer : 2022

Sister ~~In-charge~~