BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Mr.SREE HARSAN
13/Male/MHM202406865
11/09/2024/IPM202400811
Dr.AIYSHA BEEVI

Patient Name _____

IP No. _____

Room No. 309

D.O.A. 11/09/24 Time 12.30pm

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
11/09/24.	5.30pm	ER	3rd Floor. 309	Rose 3170

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

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Aiysha bawani	11/9/24	12/9/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total Bill Amt. Rs. 455.00 BILL CLEARED : RETURNS CHECKED : 12/9/24 8.01pm Paid	—

Other Procedures : (specify) :-

Diet :
EEG :
NCS :
colonoscopy / endoscopy :
OT equipment :

Admission Officer :

Sister In-charge