BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Child.MOHITH S
3/Male/MHM202406573
11/09/2024/IPM2024000813
Dr.AIYSHA BEEVI

IP No. _____

Room No. _____

D.O.A. 11/9/24 Time 8:45

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
11/9/24	10.20	ER	3rd Floor (309)	3/96

OPERATION THEATRE

Date :
Surgeon :
I Asst. Surgeon :
II Asst. Surgeon :
III Asst. Surgeon :
Anaesthetist :
OT Nurse :
Name of Surgery :

OT No. :
Start Time :
End Time :
Dis. Pack :
Diathermy :
C-Arm :
Arthroscopy :
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

		OT. No.	:
Date	:	Start Time	:
Surgeon	:	End Time	:
I Asst. Surgeon	:	Dis. Pack	:
II Asst. Surgeon	:	Diathermy	:
III Asst. Surgeon	:	C-Arm	:
Anaesthetist	:	Arthroscopy	:
OT Nurse	:	Laproscopy	:
Name of Surgery	:	Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

LABORATORY

Date	

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

11/9/24	CXR (6513)		
13/9/24	USG abdomen (6525)		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Aisha Beevi	11/9/24	12/9/24	13/9/24		3+TDS		

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 6231/-	No Ambulance.
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer :

for L.P. Sister In-charge