Mr.HIBRAHIM
50/Male/MLIV2024004736
20/09/2024/IPV2024000869
Dr.KAMAL

BILLING CARD

21 SEP 2024

Patient Name

D.O.A. 20/09/24 Time 10.15 PM

IP No.

Room No. Triple Sharing NON AC - 301 Rent Per Day 1000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
20/9/24	10:40pm	ER	ward	Rani.

OPERATION THEA TRE

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
21/09/24	9:30pm	21/09/24	11.30 Am.

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEA TRE

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
2/9/24	ABG (1000)

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

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			
21/9/24	9:35 pm ①	21/9/24					
21/9/24	"						

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. KAMAL (PULMO)	11.30AM 21/9/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer : 20/09/24

Sister In-charge 0018