BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Child.SHAJITH NIHAN 7/Male/MHM202407193 26/09/2024/IPM2024000880 Dr.AIYSHA BEEVI

D.O.A 26/9/24 Time 10:50 PM

IP No. _____

Room No. ___

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
26/9/24	11.15pm	ER	1st floor	Shurmas

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
27/9/24	CBC, LFT, urea, creatinine, ~~Blood Grouping & Typing~~ (6
28/9/24	Blood grouping typing (6887)
29/9/24	CBC (6929)
28/9/24	CBC (6944)
29/9/24	CBC (6974)

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

27/9/24	USG Abdomen (6920) done by Dr-JOSEPH		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Aiysha beevi.	28/9/24	29/9/24	30/9/24				
D							

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

Other Procedures : (specify) :-

Admission Officer: 3022

Sister In-char