BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name : Master.SAI PRASAD
9'Male/MHM202407210
27/09/2024/IPM2024000883

IP No. _____ Dr.AIYSHA BEEVI

Room No. _____

D.O.A. 27/9/24 Time 9:00

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
27/9/24	10Pm	ER	1st floor	Shanti 5295

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, CRP, RFT, LFT (6917) ↓(6918)
29/9/24	CBC, CRP, urine complete, Dengue Profile (Igm, Igg, NS 1) Eliza (6966)
29/9/24	Blood CIS, urine CIS (6967)
29/9/24	CBC (6944)

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

27/9/24	Chest xray. (6919)		
29/9/24	USG scan (golden scan)		(6968)

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Dat
Dr. Ayesha beevi	28/9/24	29/9/24	1/10/24	2/10/24			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 8143/-	NIL - NIL
BILL CLEARED : 29/9/24	Diet - NIL
RETURNS CHECKED : 21/10/24 1:30pm	

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge