BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Mr.SRINATH S
16/Male/MHM202407228
28/09/2024/IPM2024000886
Dr.AIYSHA BEEVI

Patient Name _____

IP No. _____

Room No. ____

D.O.A. 28/9/24 Time 10:00

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
28/9/24	11PM	ER	3rd floor	Shamsad

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
28/9/24	11.50pm	29/9/24	05:00AM

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
28/9/24	LFT, Creat (6952)
29/9/24	CBC (6955)
29/9/24	CBC (6976)
30/9/24	CBC (7018)
1/10/24	CBC (7046)

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

28/9/24	Chest x-ray (6953)		
	ECG (6953)		
29/9/24	U-SG Abdome c̄ bolus dense Gradation (6969.) scan.		

CBG

PHYSIOTHERAPY

Date	PHYSIOTHERAPY

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Alyshaa Ibeni	29/9/24	1/10/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 73 ₹ /-	Nil
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Died - Nil

20 platelets Oral Resuasion (Medway Blood Bank)

Admission Officer :

Sister In-charge