BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Baby.AJAY KRISHVA
4/Male/MHM202407349
05/10/2024/IPM2024000926
Dr.S RAASHIDHA

Patient Name _____

D.O.A. 5/10/24 Time 6.00 Pm

IP No. _____

Room No. 309

Rent Per Day ~~3~~ 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
5/9/24.	7PM.	ER	3rd Floor-(309)	Rani 3170

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
5/10/24.	CBC, peripheral Smear, Electrolytes, CRP
	SGOT, SGPT, Widal Slide. (7187)
	Blood c/s (7188)

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

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Raashidha	Study	6/10/24	9/10/24				

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

Other Procedures : (specify) :- Diet
OT Instruments

Admission Officer :

D. Nagam 3288
Sister In-charge