BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Baby.MAADHINI P
1/Female/MHM202407449
10/10/2024/IPM2024000953
Dr.AIYSHA BEEVI / Dr.AIYSHA BEEVI

Patient Name _____

IP No. _____

Room No. _____

D.O.A. 6/10/24 Time 5 pm

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
10/10/24	7pm	ER.	3rd Floor 309.	Paul/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
16/10/24	CBC, RFT, CRP, LFT, Vit D (7384)
11/10/24	COVID Influenza (7409)

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

10/10/24	(T)					
11/10/24	(T)					
12/10/24	(T)					

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Dat
DR - Diyeloa	10/10/24	11/10/24	12/10/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 3607/-	
BILL CLEARED :	
RETURNS CHECKED : 25/4	
Other Procedures : (specify) :-	Diet —
	Scan —

Admission Officer :

Sister In-charge