BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Child.SRIVATSAN SB
5'Male'MHM202407455
10/10/2024'IPM2024000957
Dr.AIYSHA BEEVI /

Patient Name _____

IP No. _____

Room No. _____

D.O.A. 10/10/24 Time 11:00 PM

Rent Per Day 1500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
11/10/24	2AM	BP	3rd floor 309	J. 3222

OPERATION THEATRE

Date	:	OT No.	:
Surgeon	:	Start Time	:
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
11/10/24	CBC, CRP, RFT, LFT (7390.)
11/10/24	CBC, Dengue NS, Igm, Igg (Elisa method) Typhoid Igm (7427

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

11/10/24	4
12/10/24	4
13/10/24	3

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr Aisha	11/10/24	12/10/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : 21 // Amount = 6855/-	NIL
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer

Sister In-charge