

**BILLING CARD**

MH/ PRINT / 0007 / BILL / FO

Patient Name **Mr. RAJA SEKAR**
34, Male/MHM202407488
13/10/2024/IPM2024000970
IP No. **Dr. MOHAMMED SIDDIQUE**
Room No.

D.O.A. 13/10/24 Time 9 amRent Per Day 4000 / -**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
13/10/24	10.30 AM	ER	1st Floor -	<i>R. P. S. 3169</i>
13/10/24	3.15 PM	1st Floor	OT	<i>R. P. S. 3169</i>
13/10/24	5.30 PM	OT	1st FLOOR	<i>S. M. A. 3169</i>

OPERATION THEATRE

Date	: 13/10/24	OT No.	: OT - I
Surgeon	: DR. MOHAMMED SIDDIQUE	Start Time	: 3.30 PM
I Asst. Surgeon	:	End Time	: 5.00 PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. SUED.	C-Arm	:
OT Nurse	: SANGAVI	Arthroscopy	:
Name of Surgery	: BIL FELL & POLYPECTOMY	Laproscoy	: LIGHT COURIER & CAMERA USED.
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	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

13/10/24 POLYP SPECIMEN SEND TO MAIN MEDICAL
HOSPITAL. [HPE] - (7993)

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

13/10/24

~~ECG (7477)~~

CBG

13/10/24

~~1 (7478)~~

CBG

PHYSIOTHERAPY

Date

NEBULIZER

NEBULIZER

[illegible]