BILLING CARD

Mrs.JAYAVATHI RAJAGOPAL
77/Female/MHM60517
15/06/2024/IPM2024000479
Dr.VAISHNAVI GANESAN

Patient Name
IP No. _____
Room No. _____

D.O.A. 15/6/24 Time 3:00 Am

Rent Per Day 7500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
15/6/24	5AM	ER	ICU	Juline
17/6/24	1.20 PM	ICU	3rd floor 302	PMohanapriya 2240

OPERATION THEA TRE

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
15/6/24	5am	17/6/24	1.20pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
15/6/24	5am	15/6/24	8pm

SYRINGE PUMP

Date	Start	Date	Disconnect
16/6/24	at 7.15 PM	17/6/24.	1.2AM (5hrs)

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEA TRE

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
13/6/24	CBC CRP, RFT, LFT (4198) ABG (4199) HbA1 (4200) Elect.
15/6/24	APTT PT INR P. smear (4205)
	Urine Routine (4207)
	Kt. Hb (4224) Sr. Ketone (4234)
16/6/24	TFT (Free) CBC, RFT Albumin (4235) Urine ds (4236)
	Transferrin Saturation (TSAT) (4238)
	Retic Count (4264)
18/6/24	Urea. creat - Albumin (4271)
18/6/24	Stool occult blood (4281)
19/6/24	Hb. Urea. creat (4284)

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

15/6/24	ECG (4201)		
15/6/24	CT Chest (yath scan)	credit bill	(4225)

CBG

16/6/24	(1)(4201)	+3 (4226)	
16/6/24	2 (4240)		
17/6/24	8 (4264)	+ 1 (4265)	
18/6/24	2 (4277)		
18/6/24	1 (0954)	+ 4 (4283)	

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

15/6/24	(1) + (1) + (1)		
16/6/24	(1) + (1) + 1 + 1		
17/6/24	1 + 1 + 1 + 1		
18/6/24	2 + 2 +		
18/6/24	1 + 1 +		
19/6/24	1 + 2 +		

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Vaishnavi	15/6/24		17/6/24	18/6/24	19/6/24		
Dr. D. Sathigan	15/6/24		~~17/6/24~~	~~18/6/24~~			
Dr. Elakiya	17/6/24						

PHARMACY

OT DRUGS REPLACED : Bill Amount = 16312/-

BILL CLEARED :

RETURNS CHECKED :

AMBULANCE

Other Procedures : (specify) :-

17/6/24 - Patient food provided in Medway Hospital

18/6/24 - "

Admission Officer :

Sister ~~In-charge~~