1 pm 25/3/24

INSURANCE

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name: Mr.ANDREWS LIVINGSTON J
32/Male/MHM61618
24/03/2024/IPM2024000240
Dr.VAISHNAVI GANESAN

IP No. _____

Room No. _____

D.O.A. 24/03/24 Time 8:00 pm

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
24/3/24	9.30pm	ER	3rd floor 308	Rachel

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

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 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
24/3/24	~~CBC~~, ~~CRP~~, ~~BFT~~, ~~LFT~~ (2101) ~~Urine R/E~~ (2102) ~~Urine culture~~ (2103)

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

24/3/24	ECG (2104)		

CBG

24/3/24	ECG (2105)		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Vaishnavi	25/3/24						
Dr. K Subramaniyan (Urologist)	25/3/2024						

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

Other Procedures : (specify) :-

Admission Officer : B. Vinoth 3204

M. Rani 25/3/24
Sister ~~In-charge~~