11:15 am 16/12/23

INSURANCE

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name: Mrs.DURGA DEVI K
37/Female/MHM62837
16/12/2023/IPM2023001030
Dr.PRASANNA

D.O.A. 16:12:23 Time 11:00 P.M

IP No. _____

Room No. __

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
16/12/23	12pm	ER	3rd floor	SN Krishnaveni

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

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
16/12/23	~~CXR~~ (A301)		
16/12/23	~~ECG~~ (A301)		

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

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
16/12/23	CBC / CRP / RFT / HbA1C / RFT / LFT (4300)
16/12/23	Blood / CLS (0302)
16/12/23	Urine / CLS (4325)
16/12/23	Urine R/E (4326)
18/12/23	CBC, CRP (4363)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. prasanna	16/12/23	17/12/23	18/12/23				

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: 1,73,467 - 32/-	
BILL CLEARED	:	
RETURNS CHECKED	: 3504	

Other Procedures : (specify) :-

Admission Officer : 3160

G. Sandhiya
3139
Sister In-charge