

INSURANCE

MH/PRINT/0007/BILL/FO

BILLING CARD



Patient Name

Mr. BALAJI C

53/Male/MHM63423

22/02/2024/IPM2024000143

IP No. PR

Dr. INDRANIL BANERJEE

Room No.



D.O.A. 22.2.24 Time 10:30

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
22/2/24	11:30Am.	BR	1st Floor	Sh. Thilaga

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

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 THEA TRE	
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	Inj. Fentanyl :
	Others :

[illegible]

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

22/2/24	ECG (1225)		
22/2/24	B/L venous and artery lower limb venography (gemini scans) (1576)		

CBG

CBG

22/2/24

(1276)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

