

INSURANCE

BILLING CARD

MH/ PRINT / 0007 / BILL / FO



Patient Name

Mr. THOMAS F
50/Male/MHM65196
02/10/2024/1PM2024000909
Dr. VAISHNAVI GANESAN

IP No.

Room No.

D.O.A. 2/10/24 Time 10.30am

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
02/10/24	11:30AM	ER	1st Floor (113)	Pradeep 3198

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 :

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 THEATRE	
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	Inj. Fentanyl :
	Others :

[illegible]

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

02/10/24 ECG (7078) ✓
 02/10/24 USG - Abdomen and Pelvis (7087) Done by Dr Joseph

CBG

CBG

2/10/24 1 (7078) ✓

PHYSIOTHERAPY

Date

NEBULIZER

NEBULIZER

[illegible]