BILLING CARD

INSURANCE

Patient Nan Mr.RAMKUMAR
34/Male/MHM67731
IP No. ____ 03/06/2024/IPM2024000456
Room No. Dr.VAISHNAVI GANESAN

D.O.A. 3/6/24 Time 9:00 A.M

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
3/06/24.	10.15 AM	ER.	3rd floor 302.	Paul 8170.

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
3/6/24	Dengue Profile (Elisa), MP, BC, Urdal, HbAf, CRP (3956.)
3/6/24	LFT (3959), Blood gls (3964)
4/6/24	CBC (3978)
4/6/24	Sodium, CLS (3994)
5/6/24	CBC (4017)

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

3/6/24	ECG (1) (3960)		
	CXR (3960)		
3/6/24	U.S.G Abdoman (3962)		
3/6/24	ECG (1) (3967)		

CBG

3/6/24	(1) 1 (3961)						
4/6/24	1+ (3979)	2 (4004)					
5/6/24	1+ (4011)						

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Vaishnavi	3/6/24	4/6/24	5/6/24				

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

Other Procedures : (specify) :-

3/6/24

Admission Officer :

Sister In-charge