

RA-250

INSURANCE

22/12/23

MH/ PRINT / 0007 / BILL / FO



## BILLING CARD

Patient Name

Mrs. MAGESWARI P L

60/Female/MHM67864

19/12/2023/IPM2023001047

D.O.A. 19/12/23 Time 8:00 PM

IP No.

Dr. PRASANNA

Room No.

Rent Per Day 4000/-

## TRANSFER DET AILS

| Date     | Time   | From | To              | Sister Signature |
|----------|--------|------|-----------------|------------------|
| 19/12/23 | 7:30pm | ER - | Recovery Room - | S/N. Sanyal      |
| 19/12/23 |        |      |                 |                  |
|          |        |      |                 |                  |
|          |        |      |                 |                  |
|          |        |      |                 |                  |

## 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 |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
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|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

## OXYGEN

## SYRINGE PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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|      |       |      |            |      |       |      |            |

## ALPHA BED / SCD PUMP

## VENTILATOR

| Date | Start | Date | Disconnect | 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                                                                                               |
|----------|----------------------------------------------------------------------------------------------------------|
| 19/12/23 | <del>CBC   CRP   RFT   LFT   HBA1C (4440)</del>                                                          |
| 19/12/23 | <del>urine Routine (4446) urine Cls (4447)</del>                                                         |
| 19/12/23 | <del>Stool occult blood (4448) Stool hanging drop (4449)<br/>Stool Routine (ova &amp; cyst) (4448)</del> |
| 21/12/23 | <del>CBC, CRP, UA, Ur+ (4481)</del>                                                                      |
| 22.12.23 | <del>Mat. Ur+ (4522)</del>                                                                               |

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

19/12/23 chest xray (4444)  
 19/12/23 ECG (444)  
 19/12/23 2D Echo (444)  
 20/12/23 USG Abdomen (4520)

CBG

CBG

19/12/23 1 (4445)  
 20/12/23 1 (4450) + 2 (4471)  
 21/12/23 1 (4480) + 2 (4521)  
 22.12.23 1 (4521)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

