INSURANCE

MH/ PRINT / 0007 / BILL / FC

BILLING CARD

Patient Name Devaki ponnusamy. D.O.A. 20/4/24 Time 1pm

IP No. Ipm2024000305

Mrs.DEVAKI PONNUSAMY
73/Female/MHM68630
20/04/2024/IPM2024000305
Dr.SIVAKUMAR D.K.

Room No. Icu Rent Per Day 7500/-

Date	Time	Fro		Sister Signature
20.4.24	2.30pm	ER	Icu	S/Nr. Kavi.

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
20.4.24	2.30pm	21/4/24	1.00pm

INFUSION PUMP

Date	Start	Date	Disconnect
20.4.24	9pm	21/04/24	10.30pm

OXYGEN

Date	Start	Date	Disconnect
20.4.24	2.30pm	21/4/24	12.15pm

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
20/4/24	CBC, RFT (02702) urine complete (27705)
21.4.24	CBC (2720)

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

20/4/24	ECG (2703), X-ray chest (2704).

CBG

20/4/24	B (2716).		
21.4.24	B (2721)	(1)	(2724).

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

B		(6)	
20.4.24	3+		
21.4.24	3		

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

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

Other Procedures : (specify) :-

K. Devakoolareddy
3186.

Admission Officer :

Sister In-charge