12:45 PM 22/8/24

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name: Ms.MADHUMITHA R
21/Female/MHM68638
19/08/2024/IPM2024000720

IP No. _____ Dr.VAISHNAVI GANESAN

Room No. __

INSURANCE

D.O.A. 19.8.24 Time 9:00 P.M

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
19/8/24	9:30pm	ER	ITA	Rachau.

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
19/8/24	RFT, LFT, urine (R), urine c/s (5895)
20/8/24	Blood c/s (5922)

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

19/8/24	CXR (5897)		
19/8/24	ECG (5896)		
20/8/24	USG Abdomen (5936)	Done by Dr. Joseph.	

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Vaishnav	20/8/24	21/8/24	22/8/24				
~~Dr. Joseph~~							

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

Other Procedures : (specify) :-

Admission Officer : 3/60

Sister In-charge