

R.T 7pm 22/3/24

MH/ PRINT / 0007 / BILL / FO



BILLING CARD

Patient Name

Mrs. ALAGESWARI K

28 / Female / MHMG2300074

21 / 03 / 2024 / IPM2024000230

D.O.A. 22/3/24 Time 9:00 pm.

IP No.

Dr. VAISHNAVI GANESAN

Room No.



Rent Per Day

4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
22/3/24	at 21:30 am	ER	302	S. B. 396

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

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE

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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date _____ LABORATORY _____

[illegible]

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

22/3/24 ECG (2058) ✓
 22/3/24 USG ABDOMEN done by DR. Gnana (2058)
 Saravathi ✓

CBG

CBG

22/3/24 CBG (2058) ✓

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]