(40) INSURANCE

C.R. 9.30am

MH/ PRINT / 0007 / BILL / FO

# BILLING CARD

Mrs.SUDHA VR
37/Female/MHMG2300593
23/01/2024/IPM2024000052
Dr.NARAYANAN.E

Patient Name

IP No. _____

Room No. 308

D.O.A. 23-01-24 Time 11:30Am

Rent Per Day 4,000

## TRANSFER DET AILS

| Date | Time | From | To | Sister Signature |
|---|---|---|---|---|
| 23/1/24 | 12pm. | ER | 3rd floor. | SN Sneha, |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## 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 |
|---|---|
| 23/1/24. | CBC / CRP / RFT / LFT / MPOBC / Dengue profile. widal / tost / urine Routine (0453) |
| 23/1/24 | Urine culture (0454) |

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

| | | | |
|---|---|---|---|
| 23/1/24 | ECG (0455) | | |
| 23/1/24 | CXR | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## CBG

| | | | |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## CBG

| | | | |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Date | PHYSIOTHERAPY |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

## NEBULIZER

| | | | |
|---|---|---|---|
| 23/1/24 | (1)+2 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## NEBULIZER

| | | | |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| CONSULTANT NAME | Date | Date | Date | Date | Date | Date | Date |
|---|---|---|---|---|---|---|---|
| Dr Nalayanan | 23/1/24 | 24/1/24 | 2300 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| PHARMACY | AMBULANCE |
|---|---|
| OT DRUGS REPLACED : Bill Amount = 11572/- | |
| BILL CLEARED : | |
| RETURNS CHECKED : | |

Other Procedures : (specify) :-

Admission Officer : K. Ramesh 3185

Sister In-charge