R.T 7:00 PM

INSURANCE

MH/ PRINT /0007 / BILL / F

BILLING CARD

Patient Name _____ D.O.A. 12.12.23 Time 8:45 AM

MS.PAVAZH M M
15/Female/MHMG2301374
12/12/2023/IPM202300102I
Dr.PRASANNA

IP No. _____

Room No. ___ Rent Per Day 4000 /-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
12.12.23	10.30 AM	ER	ICU	Sr. Usha 3131
12/12/23	9 PM	ICU	3rd floor 302	Sr. Mohana 0822

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
12.12.23	10.30 AM	12/12/23	8.45 PM

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	:

LABORATORY

Date	
12.12.23	CBC. CRP. RFT. LFT (4180) Sr. IgE (4181)
	Urine Routine (4191)
13/12/23	CBC / RFT / LFT / DCT / TFT (Free) (4208)
	CRP (4218)

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

12.12.23	ECG (4190)		
12.12.23	CXR (4189)		
12/12/23	USG abdomen (4209)	Dr. Ramesh	

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. [illegible]	12.12.23	13/12/23					
Dr. S. SYED IQBAL	13-12-23						

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

Other Procedures : (specify) :-

Admission Officer

Sister In-charge