

BILLING CARD

Patient Name

Mr.SENTHIL KUMAR

45/Male/MHM202302318

24/08 2024 1PM2024000737

IP No. _____

Dr.VAISHNAVI GANESAN

Room No. _____



D.O.A. 24/8/24 Time 12.30pm

Rent Per Day 1500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
24/8/24	2.25pm	ER	3rd floor 309	PNDharan 24/8

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

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LABORATORY

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24/8/24	CBC, RFT, LFT, HbA1c (6019)
24/8/24	urine Poutine (6021)
25/8/24	TFT (Free) lipid profile (6029)

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

24/8/24	exa PA (6018)		Done by Dr. Joseph
25/8/24	cardiac Doppler (6040)		Done by Dr. Sivasubramanian
26/8/24	Echo (6052)		

CBG

CBG

24/8/24 (6017)

PHYSIOTHERAPY

10-500% per session

Date

25/8/24 9:00 AM

NEBULIZER

NEBULIZER

