R.T 12:00 pm 29/11/23

INSURANCE

MH/ PRINT / 0007 / BILL / FO

Mrs.AMBREEN NL
30/Female/MHM202302479
26/11/2023/IPM2023000975
Dr.PRASANNA

LLING CARD

Patient Name _____ D.O.A. 26/11/23 Time 06:00PM

IP No. _____

Room No. _____ Rent Per Day 4,000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
26/11/23	1pm	ER	Recovery	S/N. Rachel

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
26/11/23	CBC ~~ESR~~, ~~CRP~~, ~~LFT~~, ~~RFT~~, ~~Dengue profile~~ (3583)
27/11/23	Lipid ~~profile~~, ~~urine routine~~ (3602)
28.11.23	~~Na+~~, ~~K+~~, ~~HbA1c~~, ~~TFT~~ (free) (3647)
29.11.23	CBC, ~~CRP~~, ~~Na+~~, ~~K+~~ (3707)

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

26/11/23	CXR (3582)		
26/11/23	ECHO (3582)		
27.11.23	U.S.G Abdomen (3636)		

CBG

(6)

27/11/23	(2) (3635)		
28.11.23	1 (3648) + 2 (3708)		
29.11.23	1 (3708)		

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

(4)

28/11/23	(1+1) (3725)		
29.11.23	1+1		

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. prasanna	27.11.23	28/11/23	29/11/23				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 15821/-	
BILL CLEARED :	
RETURNS CHECKED : 25/04	

Other Procedures : (specify) :-

Admission Officer : 30/4

3170
Sister In-charge