INSURANCE

PA:- 12:45 15/12/23

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name Ms.BHAVANA SHREE A
12/Female/MHM202302796
11/12/2023/IPM2023001019
Dr.PRASANNA

IP No. _____

Room No. _____

D.O.A. 11/12/23 Time 8:00PM

Rent Per Day 4,000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
11/12/23	9pm	ER	3rd floor (207)	SIN Kavi

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
11/12/23	CBC / CRP / RFT / LFT / Urine routine / (4161) Na+ K+
	Dengue IgM / NS1 (4162)
12/12/23	Thyroid Profile (4172) Lipid profile (4176) TOST (Free)
13/12/23	CBC / Urea / Creat / Na+ K+ / Vit D3 PT/INR (4214)
13/12/23	Blood group & typing (4219)
14/12/23	CBC / CRP (4247) PTH (4245)
14/12/23	BT / CT (4246)
15/12/23	CBC (4264)

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

12/12/23	
1.	CXR (4179)
	ECG (4184)
2.	
12/12/23	USG abdomen (4215)

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. prasanna	12/12/23	13/12/23	14/12/23				

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

Other Procedures : (specify) :-

13/12/23 2 Unit FFP - Medway Blood Bank

SDP - 1 Unit - Chennai Blood Bank.

Admission Officer :

Sister In-charge