R.T. 12:52 PM

BILLING CARD

Patient Name: Mrs.RESHMA. S
27/Female/MHM202302806
21/08/2024/IPM2024000723
Dr.VAISHNAVI GANESAN

IP No. _____

Room No. ___

D.O.A 21/8/24 Time 8:30 A

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
21/8/24.	4.15 AM	ER.	3rd floor 304	Rani 3no.

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	Disconnec

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
21/8/24	CBC, RFT, LFT, CRP, Urine RE, Urine CLS (5929)
	Blood CLS (5937)
21/8/24	Dengue profile (ELFA) [5943]
	Widal slide [5944]
	Lepto IgM [5945] Scrub IgM [5946]
22/8/24	CBC (5957)

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

2-1-2024	ECG (5930)		

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr Vaishnavi	21/8/24	22/8/24					

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

Other Procedures : (specify) :-

Admission Officer 30/8/2022

Sister In-charge