INSURANCE

12:30 PM 02-01-2023

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Mr.VASUDEVAN R S
58/Male/MHM202400004
01/01/2024/IPM2024000001
Dr.BALAMURUGAN.S

Patient Name _____ D.O.A. 01/01/24 Time 1:00 PM

IP No. _____

Room No. _____ Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
1/1/24	1:10 PM	ER	3rd floor 308	M. Devi/2547
	1.	3rd floor OT		
1/1/2024	4:00 PM	OT	IIIRD FLOOR 308	V. Shyni 3169

OPERATION THEA TRE

Date	: 1/1/2024	OT No.	: OT-1
Surgeon	: DR. BALAMURUGAN	Start Time	: 3:00PM
I Asst. Surgeon	:	End Time	: 3.30PM.
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: VIED
Anaesthetist	:	C-Arm	:
OT Nurse	: SANGAVI	Arthroscopy	:
Name of Surgery	: WIDE LOCAL EXCISION ↓ LA	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
1/1/24	Sebaceous cyst Specimen Send to Main MedWay Hospital. Cool)

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

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

Other Procedures : (specify) :-

OT CLEARANCE GIVEN

30/1

Admission Officer : 30/1/22

Sister In-charge