INSURANCE

Mr.RATNA REDDY A
54/Male/MHM202403196
08/01/2024/IPM2024000017
Dr.SARAVANAN

Patient

IP No. _

BILLING CARD

D.O.A. 8-1-24 Time 10:30pm

Room No. 308 Rent Per Day 4,000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
8/1/24	11.30pm	ER	3rd floor	SN Gomathi/314
9/1/24	4.30pm	3rd Floor	OT	
9/1/24	5.30pm	OT	3rd Floor	SN M 3176

OPERATION THEA TRE

Date	: 9.01.2024	OT No.	: I
Surgeon	: Dr. Saravanan	Start Time	: 4.45pm
I Asst. Surgeon	: Dr. S. Vijaya Raghavan	End Time	: 5.15 PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: used
Anaesthetist	:	C-Arm	:
OT Nurse	: Maithili. V	Arthroscopy	:
Name of Surgery	: (L) thumb wound debridement & straight triangular flap suturing	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
8/1/24	CBC / RFT (0120)
9/1/24	viral serology (Elisa) (0122)
9/1/24	BT, CT (0131)

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

8/1/24	ECG (0/21)		
8/1/24	CXR		

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Saravanan.	9/1/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total Amt. Rs. 8478.00 credit. BILL CLEARED : RETURNS CHECKED : 22/3.	

Other Procedures : (specify) :-

OT clearance done

Admission Officer : 3/1/24

Sister In-charge