

BILLING CARD

Patient Name

IP No. _____

Room No. _____

Mrs. PADMINI.B

70/ Female/ MHM202403212

10/01/2024/ IPM2024000021

Dr. INDRANIL BANERJEE



D.O.A. 10-1-24 Time 12:00 pm

Rent Per Day 1500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
10/1/24	4 pm	ER	3rd Floor	S/N Reddy

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**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				12/1/24	4 pm		

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE

[illegible]

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

10/11/24 ECG (0166)
 10/11/24 USG Abdomen done by Dr. Ramesh Sir (0169)
 10/11/24 Echo done by Dr. Kumaravel (0169)

CBG

CBG

10/11/24 2 + (0168)
 11/11/24 1 (0177) + 2 (0183)
 12/01/24 1 (0193) 2 (0198)
 13/01/24 1 (0198)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

