

BILLING CARD



Patient Name

IP No. _____

Room No. _____

Mr. ARUN M A

23/Male/MHM202403525

03/02/2024/IPM2024000078

Dr. INDRANIL BANERJEE



D.O.A. 03/2/24 Time 7:00

Rent Per Day

2500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
3/2/24	9:30 AM	BP.	3rd Floor	De. Del.
3/2/24	10:15 PM	3rd Floor	OT	Arle.
4/2/24	1:50 AM	OT	3rd Floor	Sof. Jiv

OPERATION THEA TRE

Date	: 4/2/24	OT No.	: 1
Surgeon	: DR. ARUN PRASAD.	Start Time	: 11 PM
I Asst. Surgeon	:	End Time	: 1 AM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: USG
Anaesthetist	: DR. SIVA SANKAR.	C-Arm	:
OT Nurse	: SIN KASHA MATHUR	Arthroscopy	:
Name of Surgery	: (R) hand Exploration	Laproscope	:
	: Tendon Repair + Nerve	Sevoflurane / Isoflurane	:
	: Repair	Inj. Fentanyl	: 1 amp (2ml) med Ketamine 1ml
	: Supraclavical block	Others	: USG scan machine med

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
4/2/24	1:50 AM	4/2/24	2:20 AM				

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	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 :

LABORATORY

A/2/24

~~CBCIR ET, LPT, (0687.) Srologaf (wood) (0688.)~~

~~DT/DPPT~~ - (0689)

~~BT~~ ~~CT~~ (0719)

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

4/2/24

ECG

CXR

Wrist AD/lat (R)

10690

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

