INSURANCE

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name: Mrs.NITHYA VIJAY
+6/Female/MHM202403558
06/02/2024/IPM2024000090
Dr.TAMILSELVI

D.O.A. _____ Time _____

IP No. _____

Room No. ___

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
6.2.24	10pm	BR	3rd floor 307	Sri sandhiya
7/2/24	8.25AM	3rd Floor (307)	OT	M. Reddy 1540
7/2/24	9.40AM.	OT	IIIrd Floor	Srmti 3169

OPERATION THEA TRE

Date	: 7/2/2024	OT No.	: OT-1
Surgeon	: DR. TAMILSELVI. N	Start Time	: 9.00Am
I Asst. Surgeon	: DR. SIVA	End Time	: 9.30Am
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. SUBRAMANIAM	C-Arm	:
OT Nurse	: MAITHILI	Arthroscopy	:
Name of Surgery	: TOTAL LAP. HYSTERECTOMY ↓ GA BSO ↓ Adhesiolysis	Laproscopy	: USED. LAP. COMPANY ENTRUNENT [DR. SIVA SIR]
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: USED 1 AMP
		Others	:

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
7/2/24	9 AM	7/2/24	11 AM

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**

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
Dr. Tamilselvi. N	6.2.24	7/2/24 (2)	8/2/24 (3)	9/2/24			

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

Other Procedures : (specify) :- OT clearence done Ramy

CATHETERIZATION DONE @ 9.35 AM ON 7/2/24.

CBD Removed on 8/2/24 @ 7 AM

Admission Officer :

Sister ~~In-charge~~