



BILLING CARD

INSURANCE

Patient Name SankarIP No. SPM2004000148Room No. 306

Mr. SANKAR. K.R

53/Male/MHM202403826

24/02/2024/IPM2024000148

Dr. ARAVINDH

D.O.A. 24/2/24 Time 4:30pm

Rent Per Day _____

LS

Date	Time	From	To	Sister Signature
24/2/24	5:30pm	ER	3rd floor (306)	Samelkoya.3189
25/2/24	10:55Am	3rd floor (306)	OT	H. S. Dey 25/2/24
25/2/24	12:10pm	OT	3rd floor (306)	my 3/7/6

OPERATION THEA TRE

Date	: 25/02/2024	OT No.	: I
Surgeon	: Dr. Aravind	Start Time	: 11:30am
I Asst. Surgeon	:	End Time	: 12:00 noon
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: wred
Anaesthetist	: Dr. Meena	C-Arm	:
OT Nurse	: Maithili	Arthroscopy	:
Name of Surgery	: Haemorrhoidectomy	Laproscopy	:
	: Perianal abscess under Spinal	Sevoflurane / Isoflurane	:
	: Anaesthesia	Inj. Fentanyl	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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	
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
24/2/24	RBS, CBC, RFT, BT, CT, PT INR, APTT, HbA1c viral serology Elisa (1279) cancelled HB, BT CT, RFT, PT INR, (1278) viral serology c/a (1282)
25/2/24	Specimen s Send to main medway Hospital (1301) 1) Haemorrhoids (1301) 2) Pus culture (1303)

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

24/2/24 ECG & CXR (1280)

CBG

CBG

24/2/24 (1281)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]