INSURANCE

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Mrs.ADLIN ROSE A
23/Female/MHM202403918
01/03/2024/IPM2024000169
Dr.INDRANIL BANERJEE

Patient Name Adlin Rose

IP No. IPM2024000169

Room No. 113

D.O.A. 01/3/24 Time 7:40pm

Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
1.3.24	9pm	ER	1st floor	S/N. Thilaga.

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

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
1.3.24	CBC, CRP, LFT, RFT (1404) Urine RM (1406) Urine ~~MS~~ (1407)
2.3.24	~~Stool handing deep (1443)~~ (sample rejected), Stool R/E (~~1791~~ 1442)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
1.3.24	ECG (1405)		
2.3.24	USG abdomen Dr Ramesh (1436.)		

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

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

Other Procedures : (specify) :-

4/03/2024

Admission Officer :

Sister In-charge