BILLING CARD

INSURANCE

Patient Name _ Mrs.SANTHI K
48/Female/MHM202404203
22/03/2024/IPM2024000232
Dr.SARALA

IP No. _____

Room No. ___

D.O.A. 22/3/24 Time 10'00 AM

Rent Per Day 1500

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
22/3/24	12PM	ER	3rd floor	Thilagam
22/3/24	4.20PM	3rd floor	OT	Maithili.V
22/3/24	5.15PM	OT	3rd floor	Haritha

OPERATION THEA TRE

Date	: 22/03/2024	OT No.	: 1
Surgeon	: Dr. Sarala / Dr. Arun Prasath	Start Time	: 4.30PM
I Asst. Surgeon	:	End Time	: 5.00PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: med
Anaesthetist	: Dr. Balamani	C-Arm	:
OT Nurse	: Vasantha Mary	Arthroscopy	:
Name of Surgery	: Haemorrhoidectomy & Bl Fore foot corn excision under short GA	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	: Ketamine 2ml med

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

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

CBG

23/3/24	(1) (2067)		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sarala	22/3/24	23/3/24					
Dr. Arun prasad	23/3/2024						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 9833/-	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer : 23/03/2024

Sister In-charge