BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Mr.KARTHIKEYAN
44/Male/MHM202404254
26/07/2024/IPM2024000620
Dr.VAISHNAVI GANESAN

IP No. _____

Room No. ___

D.O.A. 26/7/24 Time 8:20

Rent Per Day 7500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
26/7/24	8.30 PM	ER	ICU	Kalaivani
27/7/24	8.00 AM	ICU	MHI (CCU)	K.Suvitha
27/7/24	9.50 AM	(CCU) MHI	cath lab	K.Suvitha
27/7/24	11.05	Cath Lab	CCU	SR
27/7/24	3.00PM	CCU (MHI)	ICU	K.Suvitha
27/7/24	8 pm	ICU	3rd Floor (301)	Usha.

OPERATION THEATRE

Date	: 27.07.24	OT No.	: Cath Lab
Surgeon	: Dr. JS.	Start Time	: 10.35
I Asst. Surgeon	:	End Time	: 10.50
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: Abinaya RN	Arthroscopy	:
Name of Surgery	: CAG.	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

Date	Start	Date	Disconnect
26/7/24	8.30 PM	27/7/24	4.00 PM

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 THEATRE

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
26/7/24	CBC, RFT, LFT (5215) APTT, PT, TROP-T (Qualitative) TROP-T (Quantitive) CK-MB TOTAL, CK-MB serology (HIV, HBSAG, HCV) (ELISA) (5216) Random glucose (5215)
27/7/24	Lipid profile (5229)

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

26/7/24	ECG — ② (5222)	xray chest (5224)	
26/7/24	Echo + opinion (Dr. surendhas) (5225)		
27/7/24	ECG (5231)		

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Surendhar (cardio)	26/7/24						
Dr. Vaishnavi Ganesh	29/7/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 9245 /- BILL CLEARED : package Amount = 6988 /- RETURNS CHECKED :	

Other Procedures : (specify) :- Advance Paid for Angio 20000/- [signature] 30/2

Admission Officer [signature] 30/2

[signature] Sister In-charge