INSURANCE

MH/ PRINT / 0007 / BILL /

BILLING CARD

Mrs.SUSHILA KUMARI. M / 71/Female/MHM202404417 / 08/04/2024/IPM2024000275 / Dr.BALAMURUGAN.S

Patient Name _____ D.O.A. 8/4/24 Time 18.20pm

IP No. _____

Room No. _____ Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
8/4/24	2 PM	SR	IVth Floor Room 303	Sister Shanthi 3020
8/4/24	6.50PM	IIIrd Floor	OT	SIN Merlin
8/4/24	8.0pm.	IIIrd Floor (307)	OT	Vasantha.

OPERATION THEATRE

Date	: 8/4/24	OT No.	: 01
Surgeon	: DR. Balamurugan	Start Time	: 8.0Pm
I Asst. Surgeon	:	End Time	: 8.45pm
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: Used
Anaesthetist	: D.R. MANOHAR	C-Arm	:
OT Nurse	: Vasantha, Maithili	Arthroscopy	:
Name of Surgery	: Cholestectomy	Laproscopy	: Lap. instrument arranged
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 1 Amb used
		Others	: Co2 Used

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
8/4/24	Specimen (Gallbladder) send to Main Hospital

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

8/4/24	ECG (2410) CXR Chest (2411)		

CBG

8/4/24	(2) (2412)	+ 1 (2412)					
9/4/24	1 (2425)						

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
BALAMURUGAN	8/4/24	9/4/24					

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: Total Sale : Rs. 11792/- (Credit)	
BILL CLEARED	:	
RETURNS CHECKED	: Time: 5.20pm. 3167	

Other Procedures : (specify) :-

OT CLEARANCE GIVEN
3081
8/4/24
5.17pm

CABG Done.

8/4/24
Admission Officer :

M. Vanaja 3167
Sister In-charge