



BILLING CARD

INSURANCE

Patient Name **Mrs. BALARANI N**
 53 / Female / MHM202404502
 IP No. **17/04/2024 / IPM2024000295**
 Room No. **Dr. SARAVANAN**

D.O.A. **17.4.24** Time **10:00 AM**Rent Per Day **4000 /-**

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
17/4/24	11:30 AM	ER	3rd floor	SIA Subashy
17/4/24	4 PM	3rd floor	OT	SIA Krishnavas
17/4/24	7 PM	OT	3rd floor	SIA 2/7/

OPERATION THEA TRE

Date	: 17/4/24	OT No.	: 01
Surgeon	: Dr. Saravanan	Start Time	: 5 PM
I Asst. Surgeon	:	End Time	: 6:45 PM
II Asst. Surgeon	: Dr. Vishnu Anand	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: use
Anaesthetist	: Dr. Ganesh	C-Arm	: use
OT Nurse	: Sangeetha Vasanth	Arthroscopy	:
Name of Surgery	:	Laproscope	:
Dr. (Rt), angle ORP2 medial		Sevoflurane / Isoflurane	:
molecular & SA		Inj. Fentanyl	: 1 amp use
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
17/4/24	10:30 AM	18/4/24	5 PM				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
17/4/24	11 PM	18/4/24	2:30 AM				

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 / :

LABORATORY

SR: Electrolytes (2649)

[illegible]

PHYSIOTHERAPY

NEBULIZER

[illegible]