

INSURANCE BILLING CARD

MH/ PRINT / 0007 / BILL / FO



Mr. MANOHARAN R

71/ Male / MHM202404562

20/04/2024 / PHM2024000306

Dr. VAISHNAVI GANESAN



Patient Name _____

IP No. _____

Room No. _____

- R -

D.O.A. 26/4/24 Time 7.00pm

Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
21/4/24	9pm	RR	3rd floor (307)	Yukta 313
22/4/24	10.40pm	3rd floor 307	OT	Sanalini 3139
23/4/24	2.00 AM	OT	ICU	Vasanthi
23.4.24	7pm	ICU	3rd floor (307)	Dr 31st
	6:30pm			

OPERATION THEA TRE

Date	: 22/4/24.	OT No.	: 01
Surgeon	: DR. ARAVINTH	Start Time	: 11.00pm
I Asst. Surgeon	: DR. SURESH KOMAR	End Time	: 1.30 AM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: Used
Anaesthetist	: DR. MANOGAR.	C-Arm	:
OT Nurse	: Vasantha.	Arthroscopy	: Used For our Hospital
Name of Surgery	: B/L INGUINAL HERNIA	Laproscopy	: Used For our Hospital
	- PLASTY	Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	: Pentalin 1 ampul used

MONITOR

Date	Start	Date	Disconnect
23.4.24	2am	23/4/24	6.30pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
23.4.24	2am	23.4.24	4am

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

[illegible]

LABORATORY

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

20/4/24 ECG (2714)
 20/4/24 X-ray chest (2715)
 21/4/24 CECT Abdomen (2727)
 22/4/24 Echo done by DR. Kasthik. (2754)

CBG

CBG

20/4/24 1+ (2722)
 21/4/24 4+ (2722) 1 (2728)
 22/4/24 2 (2741) 2 (2766)
 23.4.24 3 (2767) 1 (2781)
 24/4/24 3 (2827)
 25/4/24 1 (2827) + 1 (2842)

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

23.4.24 2

CONSULTANT NAME	Date	Date	Date	Date	/Date	Date	Date
Dr. vaishnani	20/4/24	22/4/24	23/4/24	24/4/24	25/4/24		
Dr. Brajendra C Geneswari	20/4/24	21/4/24	23/4/24	25/4/24			
Dr. Manohar (Ahes)	22/4/24						

Other Procedures : (specify) :-

CBD Done in OT At 11.00 Pm. (OT)

Admission Officer :