



BILLING CARD INSURANCE

Patient Name

Mr. SHIVA RAM

27/Male/MHM202404570

IP No. _____

21/04/2024/IPM2024000308

Room No. _____

Dr. VAISHNAVI GANESAN



D.O.A 21/4/24 Time 3.05 pm

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
21/4/24	4.30pm	ER	3rd floor	S/N Kavi

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 :

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE

Date :	OT. No. :
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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date	LABORATORY
21/4/24	CBC, CRP, RFT, LFT (2732) Dengue Profile (2733) (ELFA) MPQB, PT, INR (2732)
	Blood Cls (2734) Urine Routine (2735) Scrub Tgm (2737)
22/4/24	Urine R/B (2752)
22/4/24	Corne Cls (2753)
22/4/24	Lepto (Dgn) (2757)
22/4/24	Lipid profile (2758) PCT (2759)
23/4/24	CBC (2775)
24/4/24	Corne R/B (2408)

[illegible]

