DAY CARE

MH/PRINT/0007/BILL/FO INSURANCE

BILLING CARD

Patient Na Mrs.HEMALATHA V
53/Female/MHM202404605
IP No. 25/04/2024/IPM2024000322
Room No. Dr.SARALA

D.O.A. 25/4/23 Time 7.00 A.M

Rent Per Day 1500

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
25/4/24	10.10am	GR	OT	[illegible] 3196
25/4/25	10.30am	OT	PR	[illegible] 3171

OPERATION THEATRE

Date : 25/4/24	OT No. : 02
Surgeon : Dr. Sarala	Start Time : 10 am
I Asst. Surgeon :	End Time : 30 am
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist : DR. Balamani	C-Arm :
OT Nurse : mahs	Arthroscopy :
Name of Surgery : U B	Laproscopy :
Fractional curettage c	Sevoflurane / Isoflurane :
polypectomy U [illegible]	Inj. Fentanyl :
	Others : [illegible]

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.	:
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

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

CBG				CBG			

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer : 3|60

Sister In-charge