INSURANCE

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Mr.PRADEEP. V
32/Male/MHM202404706
02/05/2024/IPM2024000344
Dr.MOHAMMED SIDDIQUE

Patient Name pradeep

IP No. Ipm2024000344

Room No. 304

D.O.A. 02/5/24 Time 10pm

Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
2/5/24	10.40pm	ER	3rd floor	S/N Kavi
3/5/24	5.55AM	3rd floor	OT	Asha 3/5/24
3/5/24	7.15AM	OT	3rd floor	S/N Sangavi

OPERATION THEA TRE

Date	: 3/5/24	OT No.	: OT-1
Surgeon	: DR. MOHAMMED SIDDIQUE	Start Time	: 5.45 AM
I Asst. Surgeon	:	End Time	: 6.45 AM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. BALAJI	C-Arm	:
OT Nurse	: SANJANI	Arthroscopy	:
Name of Surgery	: BIL FEES / SEPTOPLASTY TURBINOPLASTY / CONCHAPLASTY / POLYPECTOMY Bl. L GA	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: ~~Inj. Fentanyl~~ 1Ampule used
		Others	:

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

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
Dr. Mohamed Siddique	3/5/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill amount - ~~9678~~ /- 10639	
BILL CLEARED :	
RETURNS CHECKED : 4/5/24	

Other Procedures : (specify) :-

OT cleared
RC. 3159

RC 3159.

Admission Officer :

G. Sandhya 3/5/24

Sister In-charge