C.R - 9.00am

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name: Mr.KIRUBAKARA RAJA
43/Male/MHM202404718
03/05/2024/IPM2024000349
IP No. _____ Dr.VAISHNAVI GANESAN
Room No. _____

D.O.A. 3/5/24 Time 8.10 PM

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
3/5/24	9pm	ER	1st floor/110	S.N. Kala

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

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
3/5/24	CBC, RFT, LFT, HbA1C (3087) (4/5/24) TSH (3088)
	Trop-I, Trop T (Quantitative) (3089)
4/5/24	UrineRE, lipid profile (3099)

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

3/5/24	ECHO (3091)		
3/5/24	ECG (3090)		

CBG

3/5/24	(D) (3100)		
4/5/24	(D) (3100)		

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Kumaravel (cardio)	3/5/24						

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

Other Procedures : (specify) :-

Admission Officer : Vinoth 3/5/24

Sister In-charge