INSURANCE

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Ms.SANJANA B
13/Female/MHM202404775
08/05/2024/IPM2024000361
Dr.VAISHNAVI GANESAN

Patient Name ____
IP No. ____
Room No. ____

D.O.A. 8/5/24 Time 2.30pm

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
8/5/24	4 Pm	ER	3rd floor (304)	M. Sulochana

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
8/5/24	EBC, LFT, RFT, CRP, PT, APTT, INR,
	Urine complete (3191)
	Urine culture (3192)
	Viral serology Elia (3193)
9/5/24	Urine Routine (3211)

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

8/5/24	CXR., ECG (3194)		
9/5/24	X-Ray KUB (3218)		

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Vaishavi	8/5/24	9/5/24	10/5/24				
Dr K. Subramaniyan	9/5/2024						

PHARMACY		AMBULANCE
OT DRUGS REPLACED	: Rs. 6498.00	
BILL CLEARED	:	
RETURNS CHECKED	: 10/5/24 9.44pm	

Other Procedures : (specify) :-

Admission Officer : Vinuty 3204

Sister In-charge