

INSURANCE BILLING CARD

MH/ PRINT / 0007 / BILL / FO



Patient Name Mario Jude

IP No. IPM2024000367

Room No. 306

Mr. MARIO JUDE
22/ Male/ MHM202404788
09/05/2024/ IPM2024000367
Dr. VAISHNAVI GANESAN

D.O.A. 9/5/24 Time 12:15pm

Rent Per Day 4000/-

Date	Time	Frc	To	Sister Signature
09/05/24	1:35pm	ER.	2nd floor. 306.	Paul 13170.

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

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

9/5/24 CxR 1 Ecg (32529)

9/5/24 CT ABDOMEN & PELVIS (3252)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

