INSURANCE

MH/ PRINT / 0007 / BILL /

BILLING CARD

Patient Name Mr. Kasiraj P D.O.A. 16.05.24 Time 9.00 am

IP No. IPM2024000397

Room No. ICU Rent Per Day 7500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
16/5/24	11 AM	ER.	ICU.	

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
16/5/24	11 AM.		

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
16/5/24.	11 AM.		

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect
16/5/24	2.20 pm.		

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
16/5/24	ABG CL4 (3470) ABL E.G.F (3470)
16/5/24	CBC / RFT / LFT / APTT / Trop-T (Quantitative) (3464) PT / INR, PCT, D-Dimer (3464) HB (3472)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER		
16/5/24	CT Chest plain (3470)	
16/5/24	MRI Brain MRA MRV (3470)	
16/5/24	ECG (3470)	

CBG				CBG			
16/5/24	2 (3471)						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Vaishnavi	16/5/24.						

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

Other Procedures : (specify) :-

16/5/24 - CBD done by Staff Nurse.
16/5/24 Ryles tube done by Dr Manohar
16/5/24 Ventilator done by Dr Manohar
16/5/24 Inj Fentanyl 50mcg used

Admission Officer :