INSURANCE

BILLING CARD

Patient Name Mr.ANANDAN M
85/Male/MHM202405044
IP No. 01/06/2024/IPM2024000449
Room No. Dr.MOHAMMED SIDDIQUE

D.O.A. 1/6/24 Time 1

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
1/6/24	12.30pm.	ER	(1) I st F Cor	M. [illegible] 3/97
2/6/24	1.20pm	1st floor	2nd floor (304)	[illegible] 3/97

OPERATION THEATRE

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				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP				VENTILATOR			
Date	Start	Date	Disconnect	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
1/6/24	CBC, RFT, LFT, Urine R/E, HbA1c (3890)
2/6/24	RFT (3952)
3/6/24	CBC, RFT (3983)

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

1/6/24	ECG (3891)		
	CXR PA (3892)		
1/06/24	USG Abdominal & Pelvis. (3916)		
2/6/24	ECHO (3954)		
3/6/24	CECT Abdomen (3965)		

CBG

2/6/24	CBG (3915)	(2)	
3/6/24	2 (3953)	+1 (3984)	
4/6/24	2 (3982)	+1 (4003)	
5/6/24	1 (4012)	2 (4024)	

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Vaishnavi Ganesan	1/6/24	3/6/24	4/6/24.				
Dr Mohammed Sidique	1/6/24	2/6/24					
Dr. Kumaravel	2/6/24						
Dr. Harish							
Dr. BABU VINISH	03/06						

PHARMACY

OT DRUGS REPLACED :

BILL CLEARED :

RETURNS CHECKED :

AMBULANCE

Other Procedures : (specify) :-

Admission Officer : 3160

Sister In-char