



BILLING CARD

INSURANCE

Patient Name Ambira PatelD.O.A. 22/6/24 Time 8pmIP No. IPM2024000497

Mrs. AMBIKA PATEL

39/Female:MHM202405315

22/06 2024/1PM2024000497

Room No. 304

Dr. VAISHNAVI GANESAN

Rent Per Day 4000

Date	Time		To	Sister Signature
22/6/24	9.00pm	ER	1st floor (304)	Foray 3198

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	
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Anaesthetist :	C-Arm :
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	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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

22/6/24

RIGHT KNEE AP LAT XRAY

RIGHT ANKLE AP LAT XRAY

(4383)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]