BILLING CARD

INSURANCE

Patient Name Selva Meenal

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

IP No. IPM2024000509

Mrs.SELVA MEENAL. S
50/Female/MHM202405349
24/06/2024/IPM2024000501
Dr.MOHAMMED SIDDIQUE

Room No. 307

Rent Per Day 4000/-

Date	Time		To	Sister Signature
24/6/24	9.15 pm	ER	307 (IIIrd Floor)	~~Jancy 3198~~
25/6/24	6.00 AM	307 (IIIrd Floor)	OT	Jancy 3198
25/6/24	8.00am	OT	3rd floor	Mary 3176

OPERATION THEATRE

Date	: 25/6/24	OT No.	: 01
Surgeon	: DR-MOHAMMED SIDDIQUE	Start Time	: 6.15 AM
I Asst. Surgeon	:	End Time	: 7.15 AM
II Asst. Surgeon	:	Dis. Pack	: —
III Asst. Surgeon	:	Diathermy	: —
Anaesthetist	: DR. SYED	C-Arm	: —
OT Nurse	: MAITHILI	Arthroscopy	: —
Name of Surgery	: TYMPANOPLASTY RIGHT EAR & RETEROGRADE MASTOIDECTOMY & TIVA	Laproscopy	: CAMERA USED & MONITOR
		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

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sekhar Nachal							
Dr. M. Siddique	25/6/24						

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

Other Procedures : (specify) :-

OT clearance
3159

3159-

Admission Officer :

Sister In-charge