BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Mr.YAGNESH E
46/Male/MHM202405394
12/08/2024/IPM2024000682
Dr.VAISHNAVI GANESAN

IP No. _____

Room No. _____

D.O.A. 12/8/24 Time 8.20PM

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
12/8/24	9:40pm	BR	1stfloor (11A)	Sindhu
13/8/24	2:45pm	11A	OT	
13/8/24	3.45PM	OT	1st floor	Shuji 3169

OPERATION THEATRE

Date	: 13/8/24	OT No.	: OT-1
Surgeon	: DR. SHANMUGA SUNDARAM	Start Time	: 3.00 PM
I Asst. Surgeon	:	End Time	: 3.30 PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	: VLED
OT Nurse	: SANGAVI	Arthroscopy	:
Name of Surgery	: HYDRODILATATION (RT) SHOULDER. LA.	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 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	:

Date	LABORATORY

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

CBG

12/8/24	CBG + (~~5046~~ 4665)		
13/8/24	CBG		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Shanmuga Sundaram	12/8/24	13/8/24	14/8/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 3288/-	
BILL CLEARED :	
RETURNS CHECKED : 25/04	

Other Procedures : (specify) :-

OT CLEARANCE GIVEN

Admission Officer :

for Sister In-charge