BILLING CARD

INSURANCE

Patient Name: Mr.PRABHU
38/Male/MHM202405476
02/07/2024/IPM2024000528
Dr.BALAMURUGAN.S

IP No. ____

Room No. ____

D.O.A. 2/7/24 Time 10.35 A.M

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
2/7/24	11.30	ER	III floor 307	M. Mali/3107
2/7/24	4.00pm	IIIrd Floor (307)	OT	Monday 3198
2/7/24	9.30pm	OT	3rd Floor	Sen 3177

OPERATION THEA TRE

Date	: 2/7/24	OT No.	: 01
Surgeon	: DR Balamuragan	Start Time	: 6.30 PM
I Asst. Surgeon	:	End Time	: 8.30 PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: USed
Anaesthetist	: DR Sonthil Kumar	C-Arm	: CO2 USed
OT Nurse	: Vasanth maithi	Arthroscopy	:
Name of Surgery	: B/L Inguinal Hernia plasty & mesh repair ↓ CAD	Laproscopy	: USed
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 1amp. USed
		Others	: ETO charge 1000

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			
2/7/24	1 (4600)		

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. BACANURUCIAN	2/7/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill amount = 30002/-	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

OT CLEARANCE :-

Admission Officer :

Sister In-charge