09 JUL 2024

Insurance - ?

MH/ PRINT / 0007 / BILL / FO

Mrs.SUNDARI.R
60/Female/M1V202403458
06/07/2024/IPV2024000564
Dr.ASHWINKUMAR

ILLING CARD

09 JUL 2024

Patient Name _____ D.O.A. 06/7/24 Time 1.45 PM

IP No. _____

Room No. Single Room Non AC-315 Rent Per Day _____

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
6/7/24	1.30pm	ER	Ward (315)	Saraswathi. | 0135

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

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
6/7/24	CBC, UREA, CREATININE, ELECTROLYTES, URINE COMPLETE EXAMINATION, URINE C/S (3864)
8/7/24	Urine Routine (3898)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
6/7/24	USG ABDOMEN (3864) (DR. SRIRAM)		

CBG			
6/7/24	1		
7/7/24	1+1+1+1+1		
8/7/24	1+1+1		
9/7/24	1+1		

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Ashwin Kumar (MBBS)	6/7/24 at 9pm	7/7/24 9.20am	8/7/24 2pm	8/7/24 9pm	9/7/24 1.30pm	=> 2500 =	
Dr. Rajamahendran (Gastro)	7/7/24 11.30am	=>	1000				
Dr. Sowmiya	8/7/24 9am	=> 500	= 1000				
		Total Bill -		40708			
		Co-Pay & AMF -		3994			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : 9584	
BILL CLEARED :	
RETURNS CHECKED : 9/07/24	

Other Procedures : (specify) :-

Admission Officer : 06/7/24

Sister In-charge