

INSURANCE



Mrs. DEEPIKA G N

29.Female MHM202405659

16/08/2024/1PM2024000705

Patient Name

Dr. NANDIGAM SANTOSHI

IP No. _____

Room No. _____

306

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

D.O.A. 16/08/24 Time 1.00 pm

Rent Per Day

A000 / -

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
16/8/24	10M	1st Floor SR	1st Floor Room 113	Kesava 3022
16/8/24	5:30 PM	1st Floor	3rd Floor Room 306	Ksishanvi 3022
17/8/24	0:40 AM	3rd floor	OT	Krishnan 3022
17/8/24	8:20 AM	OT	1st	SM 41
17/8/24	11:00 AM	ICU	1st Floor	872 3182
17/8/24	5:50 AM	3rd floor	Lab on ward	

OPERATION THEATRE

Date	: 17/8/24	OT No.	: OT - 1
Surgeon	: DR. SANTHOSH	Start Time	: 7:00 AM
I Asst. Surgeon	:	End Time	: 8:00 AM
Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. SENTHIL KUMAR	C-Arm	:
OT Nurse	: MAITHILI / SANJAVI	Arthroscopy	:
Name of Surgery	: EMERGENCY LCL	Laproscopy	:
Baby Timing	: 7:16 AM, Weight: 3.5 Kg	Sevoflurane / Isoflurane	:
Sex	: BOY BABY	Inj. Fentanyl	:
	: SA	Others	:

MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

INFUSION PUMP

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

VENTILATOR

Date : _____

OPERATION THEATRE

Surgeon :	OT. No. :
I Asst. Surgeon :	Start Time :
II Asst. Surgeon :	End Time :
III Asst. Surgeon :	Dis. Pack :
Anaesthetist :	Diathermy :
OT Nurse :	C-Arm :
Name of Surgery :	Arthroscopy :
	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :
Date	

Date	Others
16/8/24	LABORATORY

	Visual Sensory/gg (card) (5808)
16/8/24	VDR: Test (5811)
	CBC 5824
17/8/24	CBC, Sr. Electrolytes, PT TRIC (5836)

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

[illegible]

	CBG
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[illegible][illegible]

Date _____

PHYSIOTHERAPY

[illegible]

NEBULIZER

NEBULIZER

[illegible]

