BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Nagamani

IP No. IPM2024000582

Room No. 111 4000

Mrs.NAGAMANI. B
53/Female/MHM2024005743
15/07/2024/IPM2024000582
Dr.VAISHNAVI GANESAN

D.O.A. 15/7/24 Time 9:30pm

Rent Per Day 4000

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
15/7/24	10.35 PM	ER	1st floor (111)	3226.

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	:

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	:

LABORATORY

Date	
15/7/24	RFT, LFT, HBA1C, Blood clt (4883)
17/7/24	CBC, FLP (4900)

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

15/7/24	ECG (4884), Chest X-ray (4885)	

CBG

15/7/24	CBG (1) (4895)	✓
16/7/24	4. (4896)	✓
~~16/7/24~~	~~3C (4915)~~	
16/7/24	3C (4915)	✓
~~16/7/24~~	~~2 (4924)~~	✓
17/7/24	1 (4932) + 1 (4935)	✓
18/7/24	1 (4940) + 1 (4950)	

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. VAISHNAVI GANESAN	16/7/24	17/7/24	18/7/24				

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

Other Procedures : (specify) :-

3159.

Admission Officer :

3187.

Sister In-charge