

SELF

Medical Management
MH/DP/2022/104



BILLING CARD

Mr.K.VENKATESAN
67/Male/MH1202484889
18/07/2024-IPH2024001674
Dr.T.PALANIAPPAN

FIRST



Patient Name _____
IP No. _____
Room No. _____

D.O.A. 18/7/24 Time 03:10 AM

DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
18/7/24	03:10 AM	ADMISSIONS	CU	Devi
			till Discharge	

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 : 2ml 10ml/inj. monphi:
	Others :

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
18/7/24	3:10 AM	till	Discharge				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
18/7/24	3:10	till	DIS				

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				18/7/24	3:10	till	DIS

N1

[illegible]

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2

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2

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1

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3

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2

LABORATORY

CBC, RET, LFT, S. Amylase, Lipase, Tmp-I
Quantitative, NT pro BNP, urine R/E, Rapid (9033)
HbA1c (9039), COVID PANEL

181724

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

18/07/20

EHO (9037)

DATE _____

ACT

DATE _____

NUMBERS

2(9033)

1. [9051]

2(9033)

 $2(9037.)$

2 (9051)

PHYSIOTHERAPY

ATE

DATE _____

NUMBERS

242

[illegible]