BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr.SUBRAMANIAN 72/Male/MHM202405843 20/07/2024 IPM2024000600 Dr.VAISHNAVI GANESAN

IP No. _____

Room No. ___

D.O.A. 20/7/24 Time 9.00pm

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
20/7/24	10:50pm	ER	1st Floor (113)	Geeta 3131
21/7/24	11.45am	1st Floor 113	OT	R. Pandeli 3205
21/7/24	1.40pm	OT	ICU	Logavarnothaman
21/7/24	4.15pm	ICU	3rd floor 303	Ruthanap 2240
24/7/24	8.30pm	IIIrd Floor	OT	

OPERATION THEATRE

Date	: 21.07.2024	OT No.	: I
Surgeon	: Dr. Arun Prasad	Start Time	: 12.10 pm
Asst. Surgeon	:	End Time	: 1.20 pm
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: med
Anaesthetist	: Dr. Senthil Kumar	C-Arm	:
OT Nurse	: Maithili V / Bavani	Arthroscopy	:
Name of Surgery	: (1) Leg fasciotomy	Laproscopy	:
	& wound debridement	Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

Date	Start	Date	Disconnect
21/7/24	1.50 pm	21/7/24	4.15pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
21/7/24	1.50 pm	21/7/24	4.15pm

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	:

Date	LABORATORY
20/7/24	• CBC • RFT • LFT (5031) • Blood culture (5034) • CRP • PCT (5033) • Serology (5036) (and)
21/7/24	• Urine Routine (5050) • (Pus culture (5049)
21/7/24	• HBA1c ; FBS (5047)
21/7/24	• Blood grouping & typing • BT, CT, APTT, PT, INR [5049]
21/7/24	• Tissue culture and Sensitivity Send to main medway Hospital (5087)
22/7/24	• CBC, • RFT, • Lipid Profile; TFT (Free) (5058)
23/7/24	• CBC • RFT • Sr. Albumin (5079)
24/7/24	• TC (5109)
25/7/24	• CBC • RFT • Sr. Albumin (5151)

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

20/7/24	• B Cus (5031)		
20/7/24	• chest Xray (5031)		
20/7/24	② left opl at (5035)	• (1) Foot opl obique (5035)	

CBG

21/7/24	1 (5046) (1) (5053)		

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Arun Prasath	21/7/24	22/7/24	23/7/24	26/7/24			
Dr. Vaishnavi	22/7/24	23/7/24.	24/7/24	25/7/24	26/7/24		

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

Other Procedures : (specify) :- OT Clearance done 3022

22/7/24 Major dressing done by Dr. Arun Prasath

23/7/24 Major Dressing done by Dr. Arun Prasath

24/7/24 OT CLEARANCE ! 3202

26/7/24 Major dressing done by Dr. Arunprasath

Admission Officer : 3024

3027

Sister In-charge

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Mr.SUBRAMANIAN
72/Male/MHM202405843
20/07/2024/IPM2024000600
Dr.VAISHNAVI GANESAN

IP No. ___

Room No.

D.O.A. _____ Time _____

Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
24/7/24	~~8.30pm~~	3rd Floor	OT	
24/7/24	9.55pm	OT	3rd Floor	my 3276

OPERATION THEATRE

Date	: 24.07.2024	OT No.	: 1
Surgeon	: Dr. Arun Prasad	Start Time	: 8.45pm
I Asst. Surgeon	:	End Time	: 9.45pm
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: Dr. Senthil Kumar	C-Arm	:
OT Nurse	: Sangavi	Arthroscopy	:
Name of Surgery	: Secondary Suturing under Spinal anaesthesia	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	:	

Date	LABORATORY

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

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

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

Other Procedures : (specify) :-

Admission Officer :	Sister In-charge