INSURANCE

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Master.THAVANESH K
10/Male/MHM202405878
22/07/2024/IPM202400601
Dr.DHANASEKHAR K

IP No. _____

Room No. _____

D.O.A. 22/7/24 Time 5:00 PM

Rent Per Day 2500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
22/07/24	6pm	BR	1nd FLOOR	S. [illegible] 3222

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	:

Date	LABORATORY
22/07/24.	CBC / RFT / CRP (5071) Blood C/S (5072) Urine CFS (5076) Dengue NS1 (5073)

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

22/7/24	chest xray (5074)		

CBG

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date (2)	Date	Date	Date	Date	Date	Date
	23/7/24						
Dr. Dhanasabor. R.	✓						

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

Other Procedures : (specify) :-

Admission Officer : 2022

Sister In-charge