INSURANCE

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mrs. Geetha A D.O.A. 08.10.24 Time 12pM

IP No. IPM20240000935

Room No. 302 Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
8/10/24	1.15Pm	ER	3rd floor	Sham 3225
8/10/24	4.45pm	III rd floor	OT	M-Kamineesh 3437
8/10/24	7:30pm	OT	3rd floor	3232

OPERATION THEATRE

Date : 8/10/24	OT No. : 1
Surgeon : Dr. Sarala	Start Time : 5:00pm
I Asst. Surgeon : Dr. Arunprasanth	End Time : 7:00pm
II Asst. Surgeon :	Dis. Pack : —
III Asst. Surgeon :	Diathermy : used
Anaesthetist : Dr. Paul Praveen	C-Arm : —
OT Nurse : S/N. Vasantha	Arthroscopy : —
Name of Surgery : umbilical hernioplasty	Laproscopy : —
with anatomical Repair	Sevoflurane / Isoflurane : —
spinal anesthesia	Inj. Fentanyl : 2ml used.
	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

9/10/20	1 (7008)		
11/10/20	(7008)		

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sarala	8/10/24	9/10/24	10/10/24	11/10/24			

PHARMACY

OT DRUGS REPLACED : Bill Amount = 19527/-

BILL CLEARED :

RETURNS CHECKED : 3204

AMBULANCE

Other Procedures : (specify) :-

OT Clearance : 3202

Diet -> 9/10/24
(3 Numbers) Idly (night)

CPD Done in ot at 5:30 pm

R. Mohana
22/10/24.

Admission Officer : 3052

Sister In-charge