INSURANCE

ING CARD

MH/ PRINT / 0007 / BILL / FO

Mrs.SOWBAKIYAVATHI PONRAJ
40/Female/MHM202406070
01/08/2024/IPM2024000637
Dr.BALAMURUGAN.S

Patient Name _____

IP No. _____

Room No. _____

D.O.A 01/08/24 Time 12.00pm

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
1/8/24	12.30pm	ER	1st floor (113)	Ralhu
1/8/24	5.50pm	1st floor (113)	OT	Jubna 2200
1/8/24	7pm	OT	1st floor	

OPERATION THEATRE

Date	: 1/8/24	OT No.	: 1
Surgeon	: Dr. Balamurugan	Start Time	: 6:00pm
I Asst. Surgeon	: —	End Time	: 6:30pm
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: —
Anaesthetist	: Dr. Senthil kumar	C-Arm	: —
OT Nurse	: SN. maithili	Arthroscopy	: —
Name of Surgery	: Fistula in ano	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
1/8/24	Hb, P/V, Urea, creatine, BT, CT (5405)
1/8/24	Viral serology (Card) (5406)
1/8/24	Biopsy Send for HPE to main medway Hospital (Haemorrhoids) HPE No (5419)

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

1/8/24	CXR (5407)		
1/8/24	ECG (5428)		

CBG

1/8/24	① (5420) ② (5421)		

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 6913/-	
BILL CLEARED :	
RETURNS CHECKED : 23/8/24	

Other Procedures : (specify) :-

OT CLEARANCE : 23/8/24

Food Beverages

21/08/24 9.40am

Admission Officer :

Sister In-charge