BILLING CARD

INSURANCE

Patient Name _ Mrs.SUGANDHA KESI
27/Female/MHM202406097
02/08/2024/IPM2024000644
Dr.VAISHNAVI GANESAN

IP No. _____

Room No. ___

D.O.A. 02/8/24 Time 6.30pm

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
02/8/24	7.30pm	ER	Ist floor 113	Kalei

OPERATION THEA TRE

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 THEA TRE

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
2/8/24	CBC, LFT, RFT, CRP Dengue NS1 IgM Kit (5437)
	Blood c/s (5438) urine R/E (5439) urine c/s (5438)
3/8/24	TFT Free (5454)
3/8/24	stool routine, stool occult blood (5463)
4/8/24	CBC (5475)
5/8/24	CBC, SGOT SGPT (5508)
6/8/24	CBC, SGOT SGPT (5521)

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

2/8/24	ECG (5440)		
2/8/24	CXR PA (5440)		
3/8/24	USG abdomen done By (DR. Joseph) (5460)		

CBG

2/8/24	(T) (5440)		

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

12.45

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Vaishnavi	3/8/24	5/8/24	6/8/24				
DR. SANTHOSHI		5/8/24					

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill Amount = 11442/-	
BILL CLEARED :	
RETURNS CHECKED : 2804	

Other Procedures : (specify) :-

3204

Admission Officer :

Sister In-charge

B327 12.8pm