INSURANCE

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Mr.MANOHAR KARATAMPATI
57/Male/MHM202406112
03/08/2024/IPM2024000648
Dr.VAISHNAVI GANESAN

IP No. _____

Room No. ___

D.O.A 3/8/24 Time 3:00 PM

Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
03/8/24.	4-30 pm	ER.	3rd floor 302.	Paul 3170.

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
3/8/24.	CBC, CRP, LFT, RFT, Urine R/E, Stool R/E (5492)
4/8/24	Stool ova d/cyst, Occult C/S (5492)

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

3/8/24	ECG (5465		
5/8/24	U-SG Abdomen (55	11)	Dem dr [illegible]

CBG				CBG			
3/8/24	~~(54 2(5466)~~ -		1 (5504)				
4/8/24	1 (5474) + 3 (5504)			(3) (5513 .)		1 (5504)	
5/8/24	1 (5508)	(1)	(5517 .)				

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Vaishnavi	24/8/24	25/8/24					

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

Other Procedures : (specify) :-

30/8/24

Sister In-charge