INSURANCE

MH/ PRINT / 0007 / BILL / FC

BILL

Master.VIYAAN VED S
5/Male/MHM202406270
26/08/2024/IPM2024000743
Dr.MUTHAIYA

Patient Name Master. Viyaan Ved

IP No. IPM2024000743

Room No. 114

26-08-24 Time 13.00 P/

Rent Per Day 4000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
26/08/24	2.15 pm	BR	IInd floor.	S. [illegible]/3222

OPERA TION 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
26/08/24	CBC, CRP, RFT - LFT, typhoid Igm (6054)
	Blood C/S (6055) Scrap/Igm (6059)
	Urine R/ (6060)

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

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
	27/8/24						
DR. MUTHAIYA	27/8/24	28/8/24	29/8/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total Sale: 4322/-	
BILL CLEARED : (credit)	
RETURNS CHECKED : 29/8/24	

Other Procedures : (specify) :-

Admission Officer : 30/8/24

Sister In-charge