BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Mr.VADIVEL. S
45/Male/MHM202406397
17/08/2024/IPM2024000713
Dr.VAISHNAVI GANESAN

IP No. _____

Room No. __

D.O.A. 17/8/24 Time 4.00pm

Rent Per Day 4000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
17/8/24	5PM	ER	1st floor 113	Shan/2024

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
17/8/24	CBC, CRP, RFT, LFT, UrineR/E.
	HBA1C (5848)
18/8/24	FLP, TFT (5860)
19/8/24	ANA IF Method / Tc, plt (5888)

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

17/8/24	ECG (5849)		

CBG

17/8/24	1	(5850)	

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
dr- Vaishnavi	17/8/24	19/8/24					
Dr. Srinivasan.	19/8/24.						

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

Other Procedures : (specify) :-

Admission Officer : 3204

Sister In-charge