INSURANCE

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name: Mrs.ELIZABETH CHRISTO
65/Female/MHM202406454
20/08/2024/IPM2024000725
Dr.VAISHNAVI GANESAN

IP No. _____

Room No. ___

D.O.A. 20/8/24 Time 10:00 Pm

Rent Per Day 7500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature

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
20/8/24	10pm		

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
20/8/24	10pm		

SYRINGE PUMP Alphabed

Date	Start	Date	Disconnect
21/8/24	9am		

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect
20/8/24	10pm		

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
20/8/24	~~CBC, RFT, K, urea, creat~~ (5411) ~~S BDG (5499)~~
20/8/24	CSF (C/S, G. Stain, cell count, Protein) (~~5987~~ 5938)
21/8/24	CSF Sugar (5950)

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

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr Vaishnav	21/8/24						

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

Other Procedures : (specify) :-

Admission Officer : Reeny 3022

Sister In-charge