INSURANCE

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. Yuvaraj S

D.O.A. 14.09.24 Time 10.30am

IP No. IPM2024000825

Room No. 307

Rent Per Day 2500/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
14/9/24	11.50Am	ER	3rd floor (308)	
14/9/24	4 Pm	3rd floor (308)	OT	M. Devi/2543
14/9/24	5.10 PM	OT	3rd floor	Shyni 3167

OPERATION THEATRE

Date	: 14/9/2024	OT No.	: 01-I
Surgeon	: DR. BALAMURUGAN	Start Time	: 4.30 PM
I Asst. Surgeon	:	End Time	: 5.00 PM.
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	: DR. SENTHIL KUMAR	C-Arm	:
OT Nurse	: SANJAVI	Arthroscopy	:
Name of Surgery	: HAEMORRHOIDECTOMY & FISSURECTOMY- LCA	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2 mc
		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
14/9/24	~~HAEMORRHOIDS~~ SPECIMEN SEND TO MAIN ~~MEDWAY HOSPITAL~~ [HPE] (6561)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
14/9/24	CXR (6548)		

CBG			

CBG			

Date	PHYSIOTHERAPY

NEBULIZER			

NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Bill amount = 8424/-	
BILL CLEARED : 25/9/24	
RETURNS CHECKED : 12.23pm	

Other Procedures : (specify) :-

Clearance OK -> (Haemorrhoids with fissurectomy and low fistula)

32 yrs

Admission Officer :

Sister ~~In-charge~~