INSURANCE

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. Chandrasekaran. S D.O.A. 16/9/24 Time 9:45a

IP No. IPKB2024001190

Room No. 211 Rent Per Day 2000 /-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
16/9/24	10.15am	ER	2nd Floor	[illegible]
16/09/24	8:45Pm	IInd FLOOR	OT	K. Devi
16/9/24	11.00Pm	OT	IInd floor	[illegible]

OPERATION THEATRE

Date :	16/9/24	OT No. :	IIIrd OT
Surgeon :	Dr. Varadharajan	Start Time :	9.30Pm
I Asst. Surgeon :	Asst Srinivasan	End Time :	11:00Pm
II Asst. Surgeon :	-	Dis. Pack :	-
III Asst. Surgeon :	-	Diathermy :	Used 5 mints
Anaesthetist :	Dr. Vinothkumar VSA	C-Arm :	Used 5 mints
OT Nurse :	Soundaranayagi	Arthroscopy :	-
Name of Surgery :	Tendon Repair c̄	Laproscopy :	-
	c̄ CC screw fixation Rt	Sevoflurane / Isoflurane :	-
		Inj. Fentanyl :	-
		Others :	O2 used ½ hour.

MONITOR				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP				VENTILATOR			
Date	Start	Date	Disconnect	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

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

18/09/24	ECG - DP (11846)		

CBG

16/09/24			
9pm-1			
11:30pm-1	(11797)		
17/09/24			
6am-1			
8pm-0	(11827)		
18/09/24			
6am-1	(11851)		

CBG

PHYSIOTHERAPY

Date	

NEBULIZER

NEBULIZER

Dr. Varadharajan (own case)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Varadharajan	17/09/24 W	18/9 W					
Dr. Ramanujam	17/09/24						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total : 12106 /- BILL CLEARED : RETURNS CHECKED : Due : 12106 /-	

Other Procedures : (specify) :-

Verified by
B. Harini
1:22pm 18/9/2

Admission Officer : B. Dey

Sister In-charge