Mr.CHANDRA BABU
45/Male/MHM202407185
26/09/2024/IPM2024000877
Dr.VAISHNAVI GANESAN

Patient Name

IP No. _____

Room No. Gr.w

ING CARD

MH/ PRINT / 0007 / BILL / FO

D.O.A. 26/9/24 Time 3.30pm

Rent Per Day 1500 / —

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
26/9/24	7.40PM	ER	3rd Floor	P. Shu 30f

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
26/9/24	CBC, CRP, RFT, LFT, PCT, (6870)
	Blood CLS (6870) Urine R/E (6890)
	ABG (6872) BT, CT, serology card (6870)
27/9/24	TC, Urea, Creat (6879)

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

26/9/24.	Chest X-ray. ® ~~Foot~~ AP/~~Obl~~	® Leg AP/~~Obl~~ (6871)
	ECG ✓ (6872)	
	CECT Abdomen / ® leg arterial / venous dopplers (6872) done by Golden scan (PAID).	

CBG

26/9/24	R (6880)						

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Vaishnavi	26/9/24	27/9/24					
Dr. Arunoda	26/9/24						

PHARMACY

OT DRUGS REPLACED : Total Bill Amt. Rs. 2561.00

BILL CLEARED : Paid 2013 Sep 28 6.42 pm.

RETURNS CHECKED :

AMBULANCE

—

Other Procedures : (specify) :-

Diet

OT Instruments

EEG / NCS

Sister In-char