Insurance

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. Pakkirisamy

D.O.A. 6/10/24 Time 1.30pm

IP No. IPKB202400128 3

Room No. ICU

Rent Per Day 4100/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
06/10/24	2.15pm	casualty	ICU	P.Beg
8/10/24	12pm	ICU	2nd Floor	Beg 2025

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
6/10/24	2.15 PM	8/10/24	12.00pm

(2) & 9/10/24

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
6/10/24	2.15pm	7/10/24	5.am

(15) To 8/10/24

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
6/10/24	CBC, CRP, RBS, RFT, LFT, Sr. Electrolytes, Serology, ESR, LDH, D-dimer, HbA1c, urine complete, CPKMP, Trop I (OP)
7/10/24	FBS, Electrolytes, Lipid profile, T_3, T_4, TSH (12685).
8/10/24	FBS, Electrolytes (12794) (12726)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
6/10/24	~~ECG~~ (OP)		
@2PM	ECG (12683)		
6/10/24 @ 3:15pm	ECG (12683)		
6/10/24	Chest x-ray (12683)		
6/10/24 @ 6pm	ECG (12683)		
7/10/24	6am ECG (412699)		
7/10/24.	Echo (12704.)		
8/10/24	ECG ( )		
ECG-6	x		

CBG				CBG			
6/10/24	~~CBG~~ (OP.)						
8 pm	CBG (12685)						
7/10/24							
2 am	CBG (12685) + CBG			10 CBG			
1pm	(12703)						
9pm							
8/10/24 2AM	(12726) +						
9/10/24							
1am	(12763).						
9/10/24 10pm	( )						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

Ref:- madhavan Ambulance 2000/-

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jamuna MD	6/10/24 1.30pm IM	~~1.30pm~~ 7/10/24 10 am IM	8/10/24 IM	9/10/24 W			
Dr. Karthik raj	6/10/24 IM						
DR. Ramachandran	6/10/24 IM						
DR. Vinoth kumar	6/10/24 IM						
DR. palaniyappan	7/10/24 IM						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Total : 64325/-	
BILL CLEARED :	
RETURNS CHECKED : Due : 64325/-	

Other Procedures : (specify) :-

6/10/24 => CBD done by S/N Baby
=> Thrombolysis done by Dr. Askar

6/10/24 : INJ; morphine 1 @ used.

7/10/24

7/10/24 Echo Screening Done by Dr. Ramachandran 8/10/24

verified by
B-Harini
1.20pm 9/10/24.

Admission Officer : B. Nurse

Sister In-charge