

Dr. Jaishankar

SKP Discharge

on 10/5/24 M.H.I. MHI/DP/2022/104



BILLING CARD



Mr. MADHUSUDAN KABRA
74/Male/MH45991
07/05/2024/IPH2024001109
Dr. K. JAISHANKAR

Patient Name _____
IP No. _____
Room No. _____

D.O.A. 07/5/24 Time 1:45 pm

Rent Per Day 209 Single Room

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
7/5/24	17:10	Admission	Ind floor (209)	Sejony

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 : MM	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl : 2ml 10ml/inj. monphi:
	Others :

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
7/5/24	17:15	8/5/24	9:00				

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 :
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III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

RF T (5865) ✓
RF T (5912) ✓

[illegible]

9/5/27

~~EQG~~ (5942)

CBG

10

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

#5/24

141

8	5	2
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141

9	5	2.4
10	5	2.4

 $\frac{1}{2}$

10/5/24

4. 11/11/11

5942)

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

