

Rel: Dr. Jaishankar

Self Discharge 21/6/24

Medical Management
MH/DP/2022/104



Mr. ANTHONY JAYAKUMAR
70/Male/MH46062
19/06/2024/1P112024001450
Dr. K. JAISHANKAR

BILLING CARD

SAFETY FIRST



D.O.A. 19/6/24 Time 07:11 PM

Patient Name

IP No.

Room No.

TRANSFER DETAILS

Rent Per Day

CCU-1
Ward-1

CCU

Date	Time	From	To	Nurse's Signature
19/6/24	19.11	ER	CCU	
20/6/24	12.45	CCU	2nd floor R. no-207	
20/6/24	21:00	2nd floor - 207	1st floor (113)	

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
19/6/24	19.11	20/6/24	1.11.15				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
19/6/24	19.11	20/6/24	9.00				

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible][illegible]

19 11 11 11

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DATE

[illegible]

ACT

19/6/24
20/6/24

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

[illegible]

[illegible]