

EPS + RPA

MHI/DP/2022/104

Self

BILLING CARD



Patient Name Mr. VIMALAN T
58/Male/MHI202370682
08/08/2024 1PH2024001831
IP No. Dr. K. JAISHANKAR
Room No.

D.O.A. 08/8/24 Time 05:06 PM

TRANSFER DETAILS Rent Per Day CCU

Date	Time	From	To	Nurse's Signature
8/8/24	16.06	ADMISSION	CCU	<i>[Signature]</i>

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 : 2ml 10ml/inj. morphi:
	Others :

MONITOR

Date	Start	Date	Disconnect
8/8/24	16.06	9/8/24	13.00

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect
8/8/24	16.06	9/8/24	13.00

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEATRE	
Dr.	

Date :	OT. No. :
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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
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8/8/24	CATH PACIE (0065)
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9/8/24	Jr. Kt (10097)
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RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

9/8/2024 ECG ① (100%)

CBG

①

ABG

ACT

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

9/8/2024

① (100%)

Date

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

DATE

NUMBERS

[illegible]