

Ref: Dr. Jaishankar

Self

Medical Management  
Discharge on 28/05/24  
MHI/DP/2022/104



# BILLING CARD

## SAFETY FIRST



Patient Name **Mrs. VASANTHA M**  
63 / Female / MHI202371+66  
18/05/2024 / IPH2024001207  
IP No. **Dr. K. JAISHANKAR**  
Room No.

D.O.A. 18/05/24 Time 04:29pm

### TRANSFER DETAILS

Rent Per Day \_\_\_\_\_

| Date    | Time  | From      | To  | Nurse's Signature |
|---------|-------|-----------|-----|-------------------|
| 18/5/24 | 09:30 | Admission | CW2 | Hayden            |
|         |       |           |     |                   |
|         |       |           |     |                   |
|         |       |           |     |                   |
|         |       |           |     |                   |
|         |       |           |     |                   |

### 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

### INFUSION PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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### OXYGEN

### SYRINGE PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
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### ALPHA BED

### SCD PUMP

### VENTILATOR

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
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|                   |  |
|-------------------|--|
| OPERATION THEATRE |  |
|-------------------|--|

[illegible]

| RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER |               |                                   |         |        |         |      |         |
|---------------------------------------------------------------------|---------------|-----------------------------------|---------|--------|---------|------|---------|
| 20/05/24                                                            |               | USG Abd & Pelvis (6438)           |         |        |         |      |         |
| 21/5/24                                                             |               | MRI whole Abdomen & pelvis (paid) |         |        |         |      |         |
|                                                                     |               |                                   |         |        |         |      |         |
|                                                                     |               |                                   |         |        |         |      |         |
|                                                                     |               |                                   |         |        |         |      |         |
|                                                                     |               |                                   |         |        |         |      |         |
|                                                                     |               |                                   |         |        |         |      |         |
|                                                                     |               |                                   |         |        |         |      |         |
|                                                                     |               |                                   |         |        |         |      |         |
|                                                                     |               |                                   |         |        |         |      |         |
| CBG                                                                 |               |                                   |         | ABG    |         | ACT  |         |
| DATE                                                                | NUMBERS       | DATE                              | NUMBERS | DATE   | NUMBERS | DATE | NUMBERS |
| 18/5/24                                                             | 1 (6460)      |                                   |         |        |         |      |         |
|                                                                     |               |                                   |         |        |         |      |         |
|                                                                     |               |                                   |         |        |         |      |         |
|                                                                     |               |                                   |         |        |         |      |         |
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|                                                                     |               |                                   |         |        |         |      |         |
|                                                                     |               |                                   |         |        |         |      |         |
| Date                                                                | PHYSIOTHERAPY |                                   |         |        |         |      |         |
|                                                                     |               |                                   |         |        |         |      |         |
|                                                                     |               |                                   |         |        |         |      |         |
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|                                                                     |               |                                   |         |        |         |      |         |
|                                                                     |               |                                   |         |        |         |      |         |
| NEBULIZER                                                           |               |                                   |         | OTHERS |         |      |         |
| DATE                                                                | NUMBERS       | DATE                              | NUMBERS | DATE   | NUMBERS | DATE | NUMBERS |
|                                                                     |               |                                   |         |        |         |      |         |
|                                                                     |               |                                   |         |        |         |      |         |
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