

Ref. Dr. G. Gnanaavelu

Self

Self

Medical Management
Discharge on 11/05/24

MHI/DP/2022/104



Mr. VISWANATHAN APATHSAKA

74/Male/MHI202373734

09/05/2024/IPH2024001138

Dr. G. GNANA VELU



BILLING CARD



Patient Name

D.O.A. 9/5/24 Time 3:42pm

IP No.

Room No. R NO 113

TRANSFER DETAILS

Rent Per Day CCU

Date	Time	From	To	Nurse's Signature
9/5/24	15:40	ER	CCU	[Signature]
10/5/24	17:30	CCU	IST floor R. no 113	[Signature]

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. monphi:	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
9/5/24	15:40	10/5/24	17:30				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
9/5/24	15:40	10/5/24	10:00AM	9/5/24	18:00	9/5/24	23:40

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

[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER							
10/5/24	ECG (5916)						
11/5/24	ECG (6011)						
CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
9/5/24	2 (5897)						
10/5/24	1 (5916)						
10/5/24	1 (5932)						
10/5/24	1 (5932)						
11/5/24	4 (5932)						
Date	PHYSIOTHERAPY						
NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

[illegible]