

REF: Dr. GUNAWANU

Self pay

CABG

Discharge on 3/10/24

MHI/DP/2022/104



BILLING CARD **SAFETY FIRST**



Patient Name

Mr. PRABHAKARAN V A

IP No.

62/Male/MHI202374944

Room No.

22/09/2024: IPH2024002232

Dr. RAJESH V

D.O.A. 22/09/24 Time 10:06 Am

TRANSFER DETAILS

Rent Per Day

S/R

Date	Time	From	To	Nurse's Signature
22/9/24	11:00	Admission	ID	Harsh
23/9/24	18:50	1st Floor	CTO	Self
23/9/24	18:15	CTO	STCU	Self
24/9/24	11:30	STCU	SDICU	Levathi
25/9/24	10:40	SDICU	114	Levathi
26/9/24	5:20	114	STCU	Levathi

29/9/24	16:30	SDICU	OPERATION THEATRE	10/11 SDICU	Meena
Date	: 23/9/24	OT No.	: CT-OT-1		
Surgeon	: DR. RAJESH	Start Time	: 14:05		
I Asst. Surgeon	: P/A DEVIKALA	End Time	: 18:15		
II Asst. Surgeon	: Devitam	Dis. Pack	: -		
III Asst. Surgeon	:	Diathermy	: Used		
Anaesthetist	: DR. SYLVESTER / DR. PRANAV	C-Arm	: -		
OT Nurse	: ATACHYA / PADHIKA	Arthroscopy	: -		
Name of Surgery	: CP CAB (CLOSED HEART)	Laproscopy	: -		
MANMAN SAW DRILL USED		Sevoflurane / Isoflurane	: 3hrs		
25000 Fk things to be checked		Inj. Fentanyl	: 2ml / 10ml/inj. morphine		
		Others	: ✓		

MONITOR

INFUSION PUMP

HFNC MACH

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
23/9/24	18:15	25/09/24	10:40	24/9/24	7:30	30/9/24	15:00
26/9/24	17:20	30/9/24	16:00	26/9/24	From	10:30pm	Total = 1 1/2 hr

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
23/9/24	23:00	24/9/24	18:00	23-9-24	18:15	24/9/24	7:00
26/9/24	17:20	31/10/24	7:00	26/09/24	17:20	30/9/24	6:00

ALPHA BED

SGD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
24/09/24	5:00	30/9/24	16:30	23-9-24	18:15	23/9/24	23:00
30/9/24	17:45	3/10/24	7:11 a/s				

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 :

LABORATORY

Date	LABORATORY
23-9-24	HB, PCT, PLATELET, MAGNESIUM (12444)
24/9/24	HB, PCV, PLT, WBC, DC, urea, Creatinine, neg. T. Antinuclear, S. Albumin, Cpk, CK-MB (12461)
25/9/24	HB, urea, Creatinine, WBC (12520)
26/9/24	RBC, LFT, UREA, CREATININE, PCT, PC, PT, APTT (12623)
26/9/24	BLOOD CULTURE & SENSITIVITY (12624)
26/9/24	CKP, AMMONIA - (12626)
26/9/24	D-DIMER (12629)
27/9/24	PT, (12664)
27/10/24	Throat swab for H. pylori (12679)
28/9/24	RBC, PT, PTT (12708)
29/9/24	1/STAMP 1/STAMP
29/9/24	RBC, PT, RPT (12762)
30/9/24	UREA, CREATININE (12791)
1/10/24	RBC, UREA, CREAT, ELECTROLYTES (2914) (2886)
2/10/24	PCT (2951)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

23/9/24	① UL Atrial Venous Doppler (6427)	24/9/24	chest x-ray (2497)
23/9/24	chest x-ray (12444)	1/10/24	(x-ray 2917)
24/9/24	(x-ray) BLS — ① (12461)		
24/9	CRP APT BLS (12520)		
26/9/24	CRP APT BLS (12520) Stw.		CRP-28
26/9/24	CT CHEST & CT Brain (12648)		ABG-18
27/9/24	chest x-ray (12664)		ACT-3
28/9/24	chest x-ray (12708)		
29/09/24	chest x-ray BLS (12770)		
30/9/24	chest x-ray (2944) ✓		

				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
22/9/24	1 (12443)	29/9/24	2 (12702)	23/9/24	2 (12443)	23/9/24	2 (12443)
23/9/24	1 (12444)	29/9/24	1 (12759)	23/9/24	1 (12444)	23/9/24	1 (12444)
24/9/24	1 (12461)	30/9/24	2 (12771)	24/9/24	3 (12461)		ABG
24/9/24	1 (12444)	30/9/24	1 (12744)	26/9/24	1 (12648)	29/09/24	1 (12770)
25/9/24	3 (12520)	1/10/24	1+1+1 (12949)	27/9/24	2 (12766)	29/9/24	1 (12749)
26/9/24	1 (12443)	2/10/24	1+1+1 (12950)	27/09/24	2 (12703)	30/9/24	1 (12771)
26/9/24	1 (12648)	3/10/24	1 (12996)	27/9/24	1 (12708)		
27/9/24	1 (12664)	29/9/24	2 (12775)	28/9/24	2 (12708)		
28/9/24	2 (12708)			28/9/24	1 (12757)		

Date	PHYSIOTHERAPY
22/9/24	Dialysis to be charges (4 hrs) — ⑤
23/9/24	22:00 / 23:00
24/9/24	5:00 / 10:00 / 22:30
24/09/24	Dialysis charges (3 hrs)
25/9/24	5:10 / 9:30 / 18:00
26/9/24	10:00
26/9/24	Dialysis (4 hrs) charges.
27/9/24	7:00 / 10:15 / 21:45
28/9/24	6:00 / 9:00 / 13:00 / 20:30
28/09/24	Dialysis charges (5 hrs) STCU
29/9/24	4:00 / 9:30 / 15:10
30/9/24	8:45 / 17:00
30/9/24	Dialysis charges (4 hrs)
1/10/24	10:45 / 18:15
02/10/24	10:55 / 18:15

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
23/9/24	1+1	29/9/24	1+1+1				
24/9/24	1+1+1	30/9/24	1+1+1+1				
25/9	1+1+1+1	1/10/24	1+1+1+1				
26/9/24	1+1+1+1+1	2/10/24	1+1+1+1				
27/9/24	2+2+2+2	3/10/24	1				
28/9/24	2+2						

[illegible]

BILLING CARD
 Patient Name **Mr. PRABHAKARAN V A**

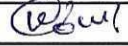
 IP No. **62/Male/MHI202374944**
22/09/2024; IP112024002232

 Room No. **Dr. RAJESH V**

D.O.A. _____ Time _____

TRANSFER DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
30/9/24	16:00	SDCU	ID1	

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

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED**SCD PUMP****VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE

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Date :	OT. No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

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