

Dr. Jaishankar

SELF

discharge on 17/9/24

medical

mar

MHI/DP/2022/104



BILLING CARD



Patient Name

Mr. VIJAYARAGHAVAN V

67/Male/MHT202377830

13/09/2024/1P112024002152

IP No.

Dr. ELAKIYA

Room No.

D.O.A. 13/9/24 Time 2.34 PM

TRANSFER DETAILS

Rent Per Day 104

Date	Time	From	To	Nurse's Signature
13/9/24	15:30	Admission	105A	Hayat

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

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

13/9/24	chest x-ray (1812)
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[illegible]

Date _____

PHYSIOTHERAPY

MEB. FOR COR	NEBULIZER	MEB GLYCOL	MEB. LE	OTHERS

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
13/9/24	1	14/9/24	1	13/9/24	1+		
14/9/24	1	14/9/24	1	14/9/24	1+1+		
15/9/24	1	15/9/24	1	15/9/24	1+1+		
16/9/24	1	16/9/24	1	16/9/24	1+		
				17/9/24	1+		

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. ELAKIYA	13/9/24	14/9/24	15/9/24	16/9/24	17/9/24		
DR. JAISHANKAR	14/9/24	15/9/24	16/9/24	17/9/24			