

Ref: Dr. Jaishankar self

INSURANCE

Medical Management

MHI/DP/2022/104



Mr. JHUMAR LAL JAIN
77/Male/MHI202378033
22/07/2024/1P112024001706

BILLING CARD

SAFETY FIRST



D.O.A. 22/07/24 Time 01:02

Patient Name

Dr. K. JAISHANKAR

IP No.

ward-5

Room No.

114

TRANSFER DETAILS

Rent Per Day

Single

Date	Time	From	To	Nurse's Signature
22/7/24	13:30	Admission	24F-114	Rajeev

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

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 :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

22/7/24 sputum cult, sensitivity (9305)
 23/7/24 CBC (9352), PFT (9388)
 25/7/24 TC (9408), Trop-I (qualitative) (9424)
 26/7/24 CBC (9464)

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

[illegible]

CBG ✓

ABG	ACT
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ACT

[illegible]

Date	PHYSIOTHERAPY
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PHYSIOTHERAPY

[illegible]

NEBULIZER

OTHERS

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
22/7/24	1+						
23/7/24	2+1						
24/7/24	1+1						
25/7/24	1+1						
26/7/24	1+						
27/7/24	1+						

