

By
Dr. Manoj

SAFETY FIRST

Medical Management

Discharge on 29/5/24

MHI/DP/2022/104



BILLING CARD

Self



Patient Name **Ms. SARANYA.G**
34/Female/MHI202378356
25/05/2024/IPH2024001253
IP No. **Dr. ANBARASU MOHANRAJ**
Room No.

D.O.A. **25/5/24** Time **8.46 PM**

WARD - 1

TRANSFER DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
25/5/24	22:00	ADMISSION	1 st floor 204 'A'	R. S. 07

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

[illegible]

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LABORATORY

26/5/24

CBC, RFT, PT-INR, APTT (6671)

29 | 5 | 24

PT-INR (6803)

20/5/21 5. Echo ml/oh!

CBG (S) ✓

ABG ACT

Date	PHYSIOTHERAPY
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NEBULIZER	OTHERS
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[illegible]