

CM SCHEME

Discharge on 17/04/24

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name

Child.KRISHIKA.R/CM SCHEME

5/Female/MHI202378600

15/05/2024/IPH2024001183

IP No.

Dr.G. GNANAVELU

Room No.



TRANSFER DETAILS

Rent Per Day

D.O.A: 15/5/24

Time 11.25 AM

Date	Time	From	To	Nurse's Signature
15/5/24	11.40	ADMISSION	2nd FLOOR 204A	
16/5/24	8.30	2nd FLOOR 204A	Cath lab	
16/5/24	11.45	Cath lab	CCU	
16/5/24	14.15	CCU	2nd floor (204A)	

OPERATION THEATRE

Date	: 16/5/2024	OT No.	: CAT/4 LAB
Surgeon	: DR. GNANAVELU	Start Time	: 9:00
I Asst. Surgeon	:	End Time	: 10.00
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N SATHIYA	Arthroscopy	:
Name of Surgery	: PDA	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. monphi:	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
16/5/2024	11:45	16/5/24	14.15				

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

[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER							
16/5/2024	ECG ① (6889)						
17/5/24	X-ray PA (6294)						
17/5/24	S. ECHO (6304)						
CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
Date	PHYSIOTHERAPY						
NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

