

REF:- Dr Jaagresh

Self Pay
Discharge on 30/9/24

Medical Management

MHI/DP/2022/104



BILLING CARD



Patient Name

Mrs. LAKSHMI T
79/Female/MHI202378676
28/09/2024/1P12024002286

IP No.

Room No.

Dr. K. JAISHANKAR



TRANSFER DETAILS

Rent Per Day CCU.

D.O.A. 28/09/24 Time 11:28 AM

CCU - 0.5
Ward - 2

Date	Time	From	To	Nurse's Signature
28/9/24	11:00	IR	CCU	SA10345
28/9/24	18:00	CCU	102	JS0244

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
28/9/24	11:00	28/9/24	18:00				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
28/9/24	12:00	28/9/24	18:00				
28/9/24	18:00	29/9/24	7:00				

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

28/9/21

RAT (12735)
CBC, RAT, LFT, Lipid profile, NT PRO BNP (12735)
Urine Routine Analysis (12738)
Covid Panel (12751)

① ①



CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Sai Shankar	28/9/24	29/9/24	30/9/24				
DR. SUPRAJA(PULMO)	28/9/24	29/9/24					