

Ref Dr. Jaishankar

SELF

Discharge on 21/05/24.

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name **Mr. SAMSU NAZEER**
 62/Male/MHI202400013
 19/05/2024/IPH2024001209
 IP No. **Dr. K. JAISHANKAR**
 Room No.

D.O.A. 19/5/24 Time 7:00 pm

TRANSFER DETAILS

Rent Per Day CCU

Date	Time	From	To	Nurse's Signature
19/05/24	7:00 AM	ADMISSION	CCU	
20/5/24	18:00	CCU	209 4th floor	

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
19/05/24	7:00 AM	20/5/24	18:00	19/05/24	7:00 AM	20/5/24	16:00

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
19/5/24	7:00	20/5/24	18:00				

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				19/5/24	7:00	20/5/24	5:30

OPERATION THEATRE

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							
20/5/24	ECG (6413)						
20/5/24	X-ray (6414)						
CBG (2)				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
19/5/24	1 (6395)						
20/5/24	1 (6413)						
Date	PHYSIOTHERAPY						
NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

