

Ref. Dr. Jaishankar

Self

M.M

Discharge on 9/8/24

MHI/DP/2022/104



BILLING CARD



Patient Name

Mrs. DHANALAKSHMI

71/Female/MHI202482270

07/08/2024/1PH2024001824

IP No.

Dr. K. JAISHANKAR

Room No.



D.O.A. 7.8.24 Time 10.16 PM

TRANSFER DETAILS

Rent Per Day

CCU - 0.5
Ward - 1.5

Date	Time	From	To	Nurse's Signature
7/8/24	10:16	Admission (CCU)	CCU	[Signature]
8/8/24	11:15	CCU	201-A	[Signature]

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. morphine	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
7/8/2024	21:30	8/8/24	11:15				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
7/8/2024	21:30	8/8/24	11:55	8/8/24	4:00	8/8/24	9:45

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

Date	LABORATORY
7/8/2024	Urine R/E (2017), R/AT (2024)
9/8/24	CBC, R/E+ (2023)

[illegible]

[illegible]