

Ref by
Dr. Jayshankar

Medical Management
Self Discharge on 24/7/24 MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name **Mr. RADHASAMI M**
75/Male/MHI202482977
IP No. **20/07/2024/1PH2024001693**
Room No. **Dr. K. JAISHANKAR**

D.O.A. **20/7/24** Time **4.53 PM**

TRANSFER DETAILS

CCU -
Ward - **4**
Rent Per Day **9. W**

Date	Time	From	To	Nurse's Signature
20/7/24	17.30	Admission	1st floor 209 (B)	Esou

OPERATION THEATRE

Date :	OT No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon : MM	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
20/7/24	18.00	22/7/24	10.00				
22/7/24	20.30	23/7/24	6.00				

2.5

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

Date

LABORATORY

21 Feb 24 ~~13c~~ ~~RF~~ (9220)

22 Feb 24 ~~RF~~ (9308)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER							
20/4/24	ECG (9366)						
CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
20/4/24	1 (9366)						
Date	PHYSIOTHERAPY						
NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
21/7/24	1+1						
22/7/24	1+1						
23/7/24	1+1						
24/7/24	1						

[illegible]