

Ref
Dr. Ar

Self

Medical Manager
DISCHARGE ON 6/6/24
MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Mr. SELVARAJ
Patient Name 53/Male/MHI202483011
IP No. 05/06/2024/IPH2024001354
Room No. Dr. ANBARASU MOHANRAJ

D.O.A. 5/6/24 Time 8.21 PM

TRANSFER DETAILS

Rent Per Day

Date	Time	From	To	Nurse's Signature
5/6/24	21.45	ADMISSION	209 Indhira	185297

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

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	
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Date :	OT. No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
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III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date	LABORATORY
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[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

5/6/24

$\text{Ecc}(1) = (7212)$

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

5/6/24

$$CB_1(1) (7213)$$

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

[illegible]