

Ref
Dr. Sundar

SELF

CRT-D
Discharge on 06/05/24
MHI/DP/2022/104



BILLING CARD



Patient Name Mrs. AMBIGA.R
74/Female/MHI202483388
02/05/2024/IPH2024001067
IP No. Dr. K. JAISHANKAR
Room No. CCU-1
ward-3

D.O.A. 2/5/24 Time 4:55pm

TRANSFER DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
8/5/24	17:30	ADMISSION	1st Floor (101)	Ekj 0224
8/5/24	8:20	1st Floor (101)	Cath Lab	8/5/24
3/5/24	13:35	Cath Lab	CCU	8/5/24
4/5/24	12:30	CCU	1st Floor (101)	8/5/24

OPERATION THEATRE

Date	: 8/5/2024	OT No.	: cath lab-D
Surgeon	: Dr. Jaishankar	Start Time	: 8:40
I Asst. Surgeon	:	End Time	: 12:50
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: RN parthasarathi	Arthroscopy	:
Name of Surgery	: TPT + CRT-D	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. monphi:	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
3/5/24	13:35	4/5/24	12:30				

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

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 :

Date

LABORATORY

4/5/24 ✓ CBC, RFT (5621)
5/5/24

[illegible]

