

BILLING CARD



Patient Name

Mr. PALANI MARI NAYAKAR

64/Male/MHI202483714

02/05/2024/IPH2024001068

IP No.

Dr. K. JAISHANKAR

Room No.



TRANSFER DETAILS

Rent Per Day

D.O.A. 02/05/24

Time 9.15 PM

Date	Time	From	To	Nurse's Signature
2/5/24	21.15	ER	CCU	[Signature]
3/5/24	13:50	CCU	CATH LAB	[Signature]
3/5/24	14:55	CATH LAB	CCU	[Signature]
3/5/24	20.25	CCU	ICU Floor, 209 A	[Signature]

OPERATION THEATRE

Date	: 03/05/24	OT No.	: CATH LAB I
Surgeon	: Dr. Jaishankar K	Start Time	: 14:10
I Asst. Surgeon	:	End Time	: 14:35
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/n. priya	Arthroscopy	:
Name of Surgery	: CAG	Laproscopey	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. morphine	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
2/5/24	21.15	3/5/24	13:50				
3/5/24	15:00	3/5/24	20.25				
3/5/24	20.35	3/5/24	9:00				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
2/5/24	21.15	3/5/24	8.00				

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
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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

21/5/24 Cath Pack Tissue (Quantitative) (5556)

31/5/24 RAT (5543)

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

2/5/2H ECG (5557) ✓
 3/5/2H ECG (5568) ✓

CBG

2

ABG

ACT

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
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2/5/2H 1 (5557) ✓

3/5/2H 1 (5568) ✓

Date

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
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