

Refby
Dr. Sandan Annarajen

SALP
SAFETY FIRST
Discharge on 2/6/24

Bentalls Protocol

MHI/DP/2022/104



BILLING CARD



Patient Name _____

IP No. _____

Room No. 103

Mrs. A S. SHEERIN FATHIMA

54/Female/MHI202483716

27/05/2024/IPH2024001265

Dr. ANBARASU MOHANRAJ



D.O.A. 27/5/24 Time 10:57 AM

CCU - 2
ward - 1

CHARGE DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
27/5/24	11:30	Admission	1st F - 103	Chitra
28/5/24	9:00	1st Floor (103)	OT	Jeyan
28/5/24	13:25	OT-OT	Sw	Shilpa
30/5/24	11:00	Sw	NO.	Chitra

OPERATION THEATRE

Date	:	28/5/24	OT No.	:	1
Surgeon	:	DR. ANBARASU	Start Time	:	9:00
I Asst. Surgeon	:	DR. PRAVEEN	End Time	:	13:25
II Asst. Surgeon	:	-	Dis. Pack	:	-
III Asst. Surgeon	:	PA. SAIKUMARI	Diathermy	:	USED
Anaesthetist	:	DR. JEEVA	C-Arm	:	-
OT Nurse	:	R.N. SUTATHA / CHRISTINA	Arthroscopy	:	-
Name of Surgery	:	BENTALLS (OPEN HEART) / LGA	Laproscopy	:	-
	:	MANIPULATING SAW USED & ETO THINGS	Sevoflurane / Isoflurane	:	2 HRS 20 mins
	:	2-1000 / TO BE CHARGE	Inj. Fentanyl	:	2ml 10ml/inj. morphine
	:		Others	:	* 23mm Ch-X Valve used

MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
28/05/24	13:30	30/05/24	10:55				

INFUSION PUMP

OXYGEN

Date	Start	Date	Disconnect
28/05/24	13:30	29/5/24	5:00

SYRINGE PUMP

Date	Start	Date	Disconnect
28/05/24	13:30	29/5/24	6:30
28/05/24	13:30	29/5/24	22:00

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 :

[illegible]

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

[illegible]

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
27/5/24	1 (6751)			28/05/24	1 (6769)	28/05/24	1 (6769)
28/5/24	1 (6751)			28/05/24	4 (6767, 6771, 6772, 6773)	28/5/24	3 (6767, 6771, 6772)
30/5/24	1 (6848)			29/5/24	1 (6792)		

[illegible]

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
28/5/24	1 + 1						
29/5/24	1 + 1 + 1 + 1						
30/5/24	1 + 1 + 1 + 1						
31/5/24	1 + 1 + 1 + 1						

State Code	:	33
Place Of Supply	:	TAMILNADU
GSTIN	:	33AAMCA2113KIZY

GSTIN : 33AAMCA2113KIZY

To : 686
UNITED ALLIANCE HEALTHCARE (P)
LTD - CARDIAC PATIENT
CARDIAC
KODAMBAKKAM
CHENNAI 600024
PH :

Bill Date
29/05/2024

Bill No & Page No
AUC/WS219 1/1

Terms
WHOLE SALES

Salesman Name
4-PATIENT

GSTIN
33AABCU3941O1ZZ

DL NO : N.A

ITEMS : 2	QTY : 2	BASE :117410.00	SGST : 2935.25	CGST : 2935.25	GST : 5870.50	Goods Value: 117410.00
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AXIS A/C : 922030011606851 IFSC : UTIB0001165

For ~~AUCTUS LABS PRIVATE LIMITED~~

Customer Outstanding: 95855320.00

User Name

