

Ref
12/1/24

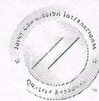
Self

Medical
Management

Discharge on 06/05/24 MHI/DP/2022/104



BILLING CARD



Patient Name

IP No.

Room No.

Mrs.A S. SHEERIN FATHIMA

54/Female/MHI202483716

03/05/2024/IPH2024001078

Dr.K.JAISHANKAR



D.O.A. 03/5/24 Time 10:26 AM

ENTER DETAILS

Rent Per Day

CCU

Date	Time	From	To	Nurse's Signature
3/5/24	10:30	ADMISSION	CCU	
3/5/24	16:50	CCU	102	

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

Date	Start	Date	Disconnect
3/5/24	10:30	3/5/24	16:50

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

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

3/5/24 ✓ (ATH+PACKAGE (5583) , RAT ✓ (5681))

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

4/5/24

CT AORTA, CT CAG

(PAID) MEDAL, VADAPALANI

CBG

2

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

31524.1 (5583)

4 | 5 | 2 | 4 | 1 | (5681)

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

