

Ref: Dr. Sundar

SAFETY FIRST

INSURANCE

CAG+MVRT+TVR Repairs

MHI/DP/2022/104



Mrs. RADHA BAI S
64/Female: MHI202484288
18/06/2024/PH12624001445

BILLING CARD

GI-money
Discharge on 12/6/24
CCU-3
ward-4



D.O.A. 18/6/24 Time 10:45 AM

Patient Name _____

IP No. _____

Room No. _____

TRANSFER DETAILS

Rent Per Day 110

Date	Time	From	To	Nurse's Signature
18/6/24	11:30	ADMISSION	1ST FLOOR (110)	[Signature]
18/6/24	11:50	110	CATH LAB	[Signature]
18/6/24	12:45	CATH LAB	1ST Floor	[Signature]
19/6/24	8:10	1ST FLOOR (110)	CTOT	[Signature]
19/6/24	12:10	CTOT	SICU	[Signature]
22/6/24	10:40	SICU	113	[Signature]

OPERATION THEATRE

Date :	18/6/24	OT No. :	CATH LAB
Surgeon :	Dr. [Signature]	Start Time :	12:10 PM
I Asst. Surgeon :		End Time :	12:45 PM
II Asst. Surgeon :		Dis. Pack :	
III Asst. Surgeon :		Diathermy :	
Anaesthetist :		C-Arm :	
OT Nurse :	Prigya R. CN	Arthroscopy :	
Name of Surgery :	CAG+MVRT TVR Repair	Laproscopy :	
		Sevoflurane / Isoflurane :	
		Inj. Fentanyl : 2ml 10ml/inj. morphine:	
		Others :	

MONITOR

Date	Start	Date	Disconnect
19/6/24	13:15	22/6	10:15 3
23/6/24	2:00	23/6/24	15:00
			3:5

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
19/6/24	13:15	22/6/24	5:00 3
23/6/24	2:00	23/6/24	10:00
			3:5

SYRINGE PUMP

Date	Start	Date	Disconnect
19/6/24	13:15	21/6/24	5:00
19/6/24	13:15	21/6/24	10:00
19/6/24	13:15	22/6/24	6:00

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect
19/6/24	13:15	20/6/24	7:20

VENTILATOR

201A

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
19/6/24	CXR-AP-B/S (7783)	19/6/24	Warmer used from 13.25
20/6/24	CXR-AP-B/S (7809)		20 15.25
21/6/24	CXR-AP-B/S (7875)		
23/6/24	ECG (7964)		
24/6/24	ECG, X-RAY - ECHO (7983)		

CBG (6)				ABG (11)		ACT (6)	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
18/6/24	1+7 (8049)			19/6/24	1 (7783)	19/6/24	1 (7783)
19/6/24	1+7			19/6/24	1 (7783)	19/6/24	1 (7783)
20/6/24	2 (7809)			19/6/24	2 (7797)		
21/6/24	1 (7875)			20/6/24	2 (7809)		
22/6/24	1 (7914)			20/6/24	2 (7841)		
				21/6/24			

Date	PHYSIOTHERAPY (10)
19/6/24	21:00
20/6/24	7:20 / 9:00 / 16:00 / 21:00
21/6/24	6:00 / 9:00 / 16:00 / 21:00
22/6/24	6:00 / 9:00 / 16:00
23/6/24	10:00
24/6/24	10:00 / 17:00
25/6/24	10:00

NEBULIZER (21)				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
19/6/24	1+1	25/6/24	1+1+1				
20/6/24	1+1+1						
21/6/24	1+1+1+1						
22/6/24	1+1+1+1						
23/6/24	1+1+1+1						
24/6/24	1+1+1+1						

State Code	:	33
Place Of Supply	:	TAMILNADU
GSTIN	:	33AAMCA2113K1ZY

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GSTIN	: 33AAMCA2113K1ZY

[illegible]

Bill Date 19/06/2024	Bill No & Page No AUC/WS306 1/1
Terms WHOLE SALES	Salesman Name 6-PHARMACY
GSTIN 33AABCU3941Q1ZZ	DL NO : N.A

Medtronic
CONTOUR 3D ANNULOPLASTY RING

 690R  30 MM  J171556  2029-01-30

AUTHORIZED SIGNATORY