

INSURANCE

Discharge on 11/7/24

MMEAH

MHI/DP/2022/104



BILLING CARD



Patient Name

Mrs. YADHUBALA S

58/Female/MHI202484561

30/06/2024/1PH2024001538

IP No.

Dr. G. GNANAVELU

Room No.



TRANSFER DETAILS

Rent Per Day

114

Date	Time	From	To	Nurse's Signature
30/6/24	10.45	ADMISSION	1 ST FLOOR (114)	[Signature]
11/7/24	12.45	1 ST FLOOR (114)	CATH LAB	[Signature]
11/7/24	1.50 PM	CATH LAB	1 ST FLOOR	[Signature]

OPERATION THEATRE

Date	: 1.7.24	OT No.	: CATH LAB
Surgeon	: Dr. G. G. G.	Start Time	: 1.15 PM
I Asst. Surgeon	:	End Time	: 1.30 PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: Abinaya RW	Arthroscopy	:
Name of Surgery	: CATH	Laprosocopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. morphi:	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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 :

[illegible]

[illegible]

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