

Ref: Dr. Jaishankar

SELF

INSURANCE
Discharge of

9/9/24

Medical Management

MHI/DP/2022/104



BILLING CARD



Patient Name

IP No.

Room No.

Mr. R. SURESH
55/Male/MHI202484576
08/09/2024/PLI2024003096
Dr. K. JAISHANKAR

CCU - 1
ward - 0.5

D.O.A. 08/09/24 Time 04:37 PM

TRANSFER DETAILS

Rent Per Day CCU

Date	Time	From	To	Nurse's Signature
8/9/2024	16:37	FROM OFFICE	CCU	
9/9/2024	11:00	CCU	Cathlab	
9/9/24	11:40	CATHLAB	CCU	
9/9/24	12:45	CCU	111 1st Floor	

OPERATION THEATRE

Date	: 09/09/24	OT No.	: CATHLAB-2
Surgeon	: Dr. Jaishankar. K	Start Time	: 11:05
I Asst. Surgeon	:	End Time	: 11:25
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N. Abinaya	Arthroscopy	:
Name of Surgery	: CABG	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. monphi:	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
8/9/24	16:37	9/9/24	12:45				

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	
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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**

13

ABG

ACT

[illegible]

Date _____

PHYSIOTHERAPY

[illegible]

NEBULIZER

OTHERS

[illegible]

[illegible]