

Ref: ESI

Discharge on 6/8/24

ESI

60.8kg.
153cm

MHI/DP/2022/104



BILLING CARD **SAFETY FIRST**



D.O.A. 5/8/24 Time 8.54 PM

Patient Name

Mrs. KALPANA (ESI)

42/Female/MHI202484872

04/08/2024, IP112024001793

Dr. K. JAISHANKAR

IP No.

Room No.

TRANSFER DETAILS

Rent Per Day

Date	Time	From	To	Nurse's Signature
4/8/24	21.40	Admission	GW-2	Ajith
5/8/24	11.40	GW-2 3rd floor	Bath Lab	ES
5/8/24	14.15	Cath Lab	CCW	ABORSE
5/8/24	18.10	CCW	1st FLOOR CCW	A. Nithish

OPERATION THEATRE

Date	: 5/8/24	OT No.	: Bath Lab-I
Surgeon	: Dr. Jaishankar	Start Time	: 12.40
I Asst. Surgeon	:	End Time	: 13.50
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N. Panchavarnam	Arthroscopy	:
Name of Surgery	: EPS + RFA 2D	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. monphi:	:
		Others	:

MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
5/8/24	14.15	5/8/24	18.10				

INFUSION PUMP

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

SYRINGE PUMP

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 / PET / ...

ECG (9932)

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

ACT NUMBERS

$$4 \overline{) 8124}$$

5/8/20

1717 9934

618124

151

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

[illegible]