

Ref Dr. V. Mazharan

# INSURANCE BILLING CARD

P.G. Replacemen  
MH/ PRINT / 0007 / BILL / FO

Discharged on 30/7/24



Patient Name

Mrs. MEKALA M  
68/Female/MHI202484987  
28/07/2024/IP112024001746

IP No.

Dr. K. JAISHANKAR

Room No.

D.O.A. 29/7/24 Time 9:10am

Rs - 1,50,000

Rent Per Day Single Room

## TRANSFER DET AILS

| Date    | Time  | From      | To              | Sister Signature |
|---------|-------|-----------|-----------------|------------------|
| 28/7/24 | 21:30 | ADMISSION | 1ST FLOOR (114) |                  |
| 29/7/24 | 8:15  | 1ST FLOOR | Cath lab        |                  |
| 29/7/24 | 11:25 | Cath lab  | 1ST floor       |                  |
|         |       |           |                 |                  |
|         |       |           |                 |                  |
|         |       |           |                 |                  |

## OPERATION THEA TRE

|                   |                         |                          |                 |
|-------------------|-------------------------|--------------------------|-----------------|
| Date              | : 29/7/2024             | OT No.                   | : Cath lab - II |
| Surgeon           | : DR. JAISHANKAR        | Start Time               | : 9:10          |
| I Asst. Surgeon   | :                       | End Time                 | : 10:45         |
| II Asst. Surgeon  | :                       | Dis. Pack                | :               |
| III Asst. Surgeon | :                       | Diathermy                | :               |
| Anaesthetist      | :                       | C-Arm                    | :               |
| OT Nurse          | : R/N. Sandhiya         | Arthroscopy              | :               |
| Name of Surgery   | : TPI + pti replacement | Laproscopy               | :               |
|                   |                         | Sevoflurane / Isoflurane | :               |
|                   |                         | Inj. Fentanyl            | :               |
|                   |                         | Others                   | :               |

## MONITOR

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

## INFUSION PUMP

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

## OXYGEN

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

## SYRINGE PUMP

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

## ALPHA BED / SCD PUMP

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

## VENTILATOR

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

| OPERATION THEA TRE  |                            |
|---------------------|----------------------------|
| 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]

## LABORATORY

ECG / ECHO / X-RA

|         |                        |
|---------|------------------------|
| 29/1/24 | ECU with magnet. (956) |
|         | ECU without magnet     |
| 29/1/24 | chest day (956) B/S    |

[illegible][illegible][illegible]

[illegible]