

Pt's family friends

INSURANCE

Self

Medical manager

Discharge

on 7/8/24

MHI/DP/2022/104



BILLING CARD SAFETY FIRST



Patient Name

Mrs. RADHA.V

51/Female/MHI202485082

01/08/2024;IP112024001779

IP No.

Dr. K. JAISHANKAR

Room No.

D.O.A. 01/08/24 Time 02:08 pm

203

Ward - 1

TRANSFER DETAILS

Rent Per Day

Date	Time	From	To	Nurse's Signature
11/8/24	14:45	ADMISSION	2ND FLOOR (203)	[Signature]

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 : 2ml 10ml/inj. morphine:
	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

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	Others :

[illegible]

[illegible]