

Dr. Venkatesh  
Ujaya hospital

Discharge on 9/9/24  
Self.

CABG

MHI/DP/2022/104



# BILLING CARD



Patient Name

Mr. JAYAKUMAR (CM SCHEME)

IP No.

64/Male/MHI202485493  
06/09/2024/1P112024002088

Room No.

Dr. RAJESH, V

D.O.A. 6/9/24 Time 01.10 PM

## TRANSFER DETAILS

Rent Per Day 204 / 6 / w

| Date   | Time  | From      | To  | Nurse's Signature |
|--------|-------|-----------|-----|-------------------|
| 6/9/24 | 13-50 | Admission | 204 | Self              |
|        |       |           |     |                   |
|        |       |           |     |                   |
|        |       |           |     |                   |
|        |       |           |     |                   |
|        |       |           |     |                   |

## 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. 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 |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

[illegible]

## LABORATORY

[illegible]

