

Ref: Dr. Madasany

Self Discharge on 4/10/24

Wound Resuturing

MHI/DP/2022/104



BILLING CARD



Mr. SURESH V K
57/Male/MHI202485530
03/10/2024:1P12024003326
Dr. RAJESH V

wound - 1.5

D.O.A. 03/10/24 Time 9:50 AM

Patient Name

IP No.

Room No.

TRANSFER DETAILS

Rent Per Day 20(CA)

Date	Time	From	To	Nurse's Signature
3/10/24	11.00	Admission	2nd floor 201-A	Dr. Rajesh
3/10/24	14.45	2nd floor 201-A	CT OT	Dr. Rajesh
3/10/24	16.35	CT OT	(201-A) 2nd floor	Dr. Rajesh

OPERATION THEATRE

Date	: 3/10/24	OT No.	: OT-III
Surgeon	: Dr. Rajesh	Start Time	: 15.25
I Asst. Surgeon	: Dr. Aravind	End Time	: 15.45
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	: —	Dia. Pack	: Used
Anaesthetist	: Dr. Praveen	C-Arm	: —
OT Nurse	: Dr. Shaya / Christy	Arthroscopy	: —
Name of Surgery	: Chest wound debridement	Laprosopy	: —
	: S/P OAB (urgently)	Sevoflurane / Isoflurane	: —
	: CT to 2nd floor to be changed	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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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 :

Date	LABORATORY

[illegible]

[illegible]

DATE

[illegible]

NUMBERS

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

3/10/24

1412

7 (30/16)

$$4 \mid 10 \mid 2$$
 $1+1$

PHYSIOTHERAPY

OTHERS

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

[illegible]