

CAG

SELF

MHI/DP/2022/104

BILLING CARD
SAFETY FIRST



Patient Name

Mrs. VOILET

D.O.A. 4/9/24 Time 9.45 AM

IP No.

46/Female/MHI202485570

04/09/2024/IP112024002053

Room No.

Dr. K. JAISHANKAR



TRANSFER DETAILS

Rent Per Day

RL.

Date	Time	From	To	Nurse's Signature
4/9/24	9.45	R	Cath lab	
5/9/24	11.10	Cath. @ 10/11		
4/9/24	11.45	Cath lab	RL	P. 20233
17/9/24	17.30	R	1st floor R. No 102	allaoz
5/9/24	11.00	1st floor	OT C.	Ryomy
5/9/24	17.45	OT	SDW	nala k. n. 1003

OPERATION THEATRE

Date	: 4/9/24	OT No.	: Cath lab R
Surgeon	: Dr. Jaishankar	Start Time	: 11.20
I Asst. Surgeon	:	End Time	: 11.35
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N Abhinaya	Arthroscopy	:
Name of Surgery	: CAG	Laprosopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. monphi:	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
5/9/24	17.50	7/9/24	14.00				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
5/9/24	17.50	6/9/24	17.30	5/9/24	17.50	6/9/24	10.30
				5/9/24	17.50	6/9/24	16.30

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				5/9/24	17.50	5/9/24	22.10

OPERATION THEATRE			
Date	: 5/9/22	OT. No.	: CTOT-1
Surgeon	: DR. KAILASH AJAIN	Start Time	: 12-15
I Asst. Surgeon	: Dr GHAYOOR AHMED	End Time	: 1-45
II Asst. Surgeon	: SARITHA (PA)	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: USED
Anaesthetist	: DR. PURUSHOTTHAM Dr. SHAPNA VARMA	C-Arm	: -
OT Nurse	: S/N ARCHANA, MALA SAST	Arthroscopy	: -
Name of Surgery	: MVR [OPEN HEART]	Laprosocopy	: -
↓ UA, MANMAN DRILL SAW USED.		Sevoflurane / Isoflurane	: 2 hrs 30 min
ETO THINNO PS 1000 TO BE CHARGED		Inj. Fentanyl	:
		Others	: 1-3/1MM SDM MITRO

[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
5/9/24	CXR (A/P) B3 - 11340		
5/9/24	ECH - 11340		
6/9/24	CXR (A/P) (11396)		
9/9/24	ECG, X-ray (1472)		

CBG (6)				ABG (10)		ACT (6)	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
4/9/24	1+1 (1499)			05/09/24	5 (1334) OT	05/09/24	6 (1334) OT
5/9/24	1+1 (1499)			5/9/24	1 (11340)		
6/9/24	1 (11357)			5/9/24	2 (11349)		
6/9/24	1 (11396)			6/9/24	1 (11357)		
7/9/24	1 (11423)			6/9/24	1 (1499)		

Date		PHYSIOTHERAPY (8)	
6/9/24	9:00 / 16:00		
7/9/24	9:00		
8/9/24	11:40 / 17:00		
9/9/24	10:30 / 17:00		
10/9/24	10:30		

NEBULIZER (15)				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
5/9/24	1+1						
6/9/24	1+1+1+1						
7/9/24	1+1+1						
8/9/24	1+1+1+1						
9/9/24	1+1+1						

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. KAILASHA JAIN	4/9/24	5/9/24	6/9/24	7/9/24	8/9/24	9/9/24	
DR. SHADNA	4/9/24						
Ms. Catherine (dietician)	4/9/24	5/9/24	6/9/24	7/9/24	10/9/24		
Mr. Devathal (Psychologist)	9/9/24						
PHARMACY				AMBULANCE			
OT DRUGS REPLACED :							
BILL CLEARED :							
RETURNS CHECKED :							
CROSS MATCHING : RESERVATION PF BLOOD : 40PCV Resorption done. STERILE TRAY USED : 1SR TRAY @ used in Sec on 6/9/24 87 tray @ used on 10/9/24 TRANSFUSION (BLOOD) 10PRBC GIVEN IN Sec ON 6/9/24 ATTENDER'S HOLDING : OTHER PROCDURES : 2D - TEE PROBE							
Admission Officer : HARTHI				Sister In-charge 			

BILLING CARD

Patient Name

Mrs. VOILET

46/Female/MHI202485570

04/09/2024; IPJ2024002053

IP No. _____

Dr. KAILASHI A JAIN

Room No. _____



D.O.A. _____ Time _____

TRANSFER DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
7/9/24	14:00	SPCU	101	Radhanya

OPERATION THEATRE

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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl : 2ml 10ml/inj. morphi:
	Others :

MONITOR**INFUSION PUMP**

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OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED**SCD PUMP****VENTILATOR**

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	Inj. Fentanyl :
	Others :

[illegible]

[illegible]

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