

Ref: Dr. Kailash Jain

Self Discharge on 14/09/24 MHI/DP/2022/104



BILLING CARD



Patient Name _____

IP No. _____

Room No. _____

Mrs. VOILET

46/Female/MHI202485570

14/09/2024:IP112024002156

Dr. KAILASH A JAIN

D.O.A. 14/09/24 Time 00:26 AM

TRANSFER DETAILS

Rent Per Day 201-B

Date	Time	From	To	Nurse's Signature
14/9/24	2:45	ADMISSION	11 th FLOOR (201B)	

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. monphi:
	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 :

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