

Unalpin

Self discharge on 5/9/24 M.HI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name
IP No.
Room No.

Mrs. RUBA R
41/Female/MHI202485651
04/09/2024/IP112024002068
Dr. K. JAISANKAR

D.O.A. 4/9/24 Time 8.00 PM

CCU - 1
Ward - 0.5
RANSFER DETAILS Rent Per Day CCU

Date	Time	From	To	Nurse's Signature
4/9/24	20.00	R		
5/9/24	12.00	CCU	CCU 203 Ind floor	2/1034 24/0299

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
4/9/24	2.00	5/9/24	12.00				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP DEFIBRILLATOR

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				4/9/24	20.00	5/9/24	9.00

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 :
	Others :

[illegible]

4/9/2024

CBC, PFT, LFT, COVID RAT. (11290)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

604 - 0 (11290)

~~ECy (1) (1305)~~

CBG

ABG

ACT

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

0011296

①. C1305)

Date _____

PHYSIOTHERAPY

NEBULIZER

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

[illegible]