

of Family Friends

SELF
Discharge on 9/9/24

M. NA
MHI/DP/2022/104



BILLING CARD



Patient Name Mr. SHAKEEL
46/Male/MHI202485668
06/09/2024/1P12024002090
IP No. _____
Room No. _____
Dr. G. GNANAVELU

CCU - 0.5
ward - 2.5

D.O.A. 6/9/24 Time 3:45 PM

TRANSFER DETAILS

Rent Per Day 104/B

Date	Time	From	To	Nurse's Signature
8/9/24	17.00	Admission	1st floor 104 B	<i>[Signature]</i>
8/9/24	3.35	1st floor	CCU	<i>[Signature]</i>
8/9/24	6.35	CCU	1st floor (IDA)	<i>[Signature]</i>

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
8/9/24	3.35	8/9/24	6.35				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				8/9/24	3.35	8/9/24	6.20

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE

Date :	OT. No. :
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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

8/9/21 PPTNR, Na, K (1450)

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

[illegible]**CBG**

3

ABG

ACT

[illegible]

Date _____

PHYSIOTHERAPY

[illegible]

NEBULIZER

OTHERS

[illegible]

[illegible]