

DR. Kailash Jain

SELF Discharge on 26/9/24

medical manager
MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name **Mrs. VIMAL BAI**
83/Female/MHI202485943
21/09/2024/1P112024002227
IP No. **Dr. KAILASH A JAIN**
Room No. 

D.O.A. 21/9/24 Time 11.34 AM

ward - 5.5

TRANSFER DETAILS

Rent Per Day 108.

Date	Time	From	To	Nurse's Signature
21/9/24	11:50	Admission	108	Heaven

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	
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]

[illegible]

[illegible]