

REPP: Dr. Jaishankar

Self pay CAG + MM
CAG Discharge on 22/6/24



BILLING CARD
SAFETY FIRST



Patient Name Mrs. GAJALAKSHMI R
IP No. 61/Female: MHI202370784
Room No. 21/06/2024/1PH2024001478
Dr. K. JAISHANKAR

D.O.A. 21/06/24 Time 02:49 PM

TRANSFER DETAILS Rent Per Day SIR 207

Date	Time	From	To	Nurse's Signature
21/6/24	15:45	ADMISSION	2nd floor [R-207]	
22/6/24	10:00	2nd floor (207)	Cath Lab	
22/6/24	10:30	Cath Lab	2nd Floor (207)	

OPERATION THEATRE

Date	: 22/6/24	OT No.	: Cath Lab
Surgeon	: DR. Jaishankar	Start Time	: 10:05
I Asst. Surgeon	:	End Time	: 10:25
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/pt Bawa Thorani	Arthroscopy	:
Name of Surgery	: CAG + MM	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]