

INSURANCE

MHI/DP/2022/104



BILLING CARD SAFETY FIRST



Patient Name Mr. ANANTHAN M
68/Male/MHI202371054

D.O.A. 07/06/24 Time 8:33 AM

IP No. 07/06/2024/1PH2024001366

Room No. Dr. K. JAISHANKAR



TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
7/6/24	8:35	Room	RL	
7/6/24	10:15	RL	CATH LAB	
7/6/24	12:00	CATH LAB	ER	

OPERATION THEATRE

Date	: 7/6/24	OT No.	: CATH LAB
Surgeon	: DR. JAISHANKAR	Start Time	: 10:40
I Asst. Surgeon	:	End Time	: 11:40
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N panchawar	Arthroscopy	:
Name of Surgery	: GRAFT CABG	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

