



BILLING CARD



Ms. KAMAKSHI RAJKUMAR (CGF)
 69/Female/MHI202371404
 03/10/2024/1P112024002338
 Dr. K. JATSIANKAR

Patient Name _____
 IP No. _____
 Room No. _____
 D.O.A. 03/10/24 Time 11:00 AM
 CCU-1.5
 ward-3-0 / T/S-2
 ST-1
 CCU
 Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
03/10/24	23:00	FO	CCU	Dr. 0282
4/10/24	17:30	CCU	1st floor 205A	Dr. 0282
5/10/24	10:30	1st floor 205A	CCU	Dr. 0282
5/10/24	21:48	CCU	1st floor 205	Dr. 0282
7/10/24	9:30	1st floor 205	Cath lab	Dr. 0282
7/10/24	10:20 AM	Cath lab	1st floor (11)	Dr. 0282

OPERATION THEATRE

Date : 7/10/2024 OT No. : Cath lab - T
 Surgeon : Dr. JATSIANKAR Start Time : 9:50 AM
 I Asst. Surgeon : End Time : 10:20 AM
 II Asst. Surgeon : Dis. Pack :
 III Asst. Surgeon : Diathermy :
 Anaesthetist : C-Arm :
 OT Nurse : RN Sandhya Arthroscopy :
 Name of Surgery : CAG Laproscopy :
 Sevoflurane / Isoflurane :
 Inj. Fentanyl : 2ml 10ml/inj. morphine :
 Others :

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
03/10/24	23:00	4/10/24	17:30				
5/10/24	11:00	5/10/24	21:48				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
5/10/24	12:00	5/10/24	15:00				

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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LABORATORY

3/10/20

CRG, PGT, CRK, CK-MP, Troponin (Q) (13032)

5/10/20

Trop - Trophic, CK - CKMB, Electrolytes (13118)

6/10/24

Hb, NAT, K⁺ (13130)

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CBG	
BERS	DATE

CBG	
BERS	DATE

CBG	
BERS	DATE

CBG	
BERS	DATE

[illegible]

