



Mr. SRINIVASAN
49/Male/MH1202371911
18/06/2024/1PH2024001441
Dr. K. JAISHANKAR

BILLING CARD



Patient Name _____

IP No. _____

Room No. _____

D.O.A. 18/06/24 Time 08:41 AM

TRANSFER DETAILS

Rent Per Day _____

PL

Date	Time	From	To	Nurse's Signature
18/6/24	8:41	ADMISSION	RL	21/0299
18/6/24	10:22am	RL	CATH LAB	21/0299
18/6/24	11:20	CATH LAB	RL	21/0299

OPERATION THEATRE

Date : 18.6.24	OT No. : 215/24
Surgeon : Dr. JS	Start Time : 10:50 AM
I Asst. Surgeon :	End Time : 11:00
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse : Phuruparam R N	Arthroscopy :
Name of Surgery : CATH	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

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