

Ref. Dr. Palaniappan

Self

CAG

MHI/DP/2022/104



Ms. DHANALAKSHMI

46/Female/MHI202373834

12/07/2024/1PH2024001627

Dr. K. JAISHANKAR

BILLING CARD

SAFETY FIRST



D.O.A. 12/7/24 Time 9:12am

Patient Name

IP No.

Room No.



TRANSFER DETAILS

Rent Per Day

RL

Date	Time	From	To	Nurse's Signature
12/7/24	9.30	FO	RL	
12/7/24	10.30	RL	CATH LAB	
12/7/24	11.25	CATH LAB	RL	

OPERATION THEATRE

Date	: 12/7/24	OT No.	: CATH LAB - II
Surgeon	: Dr. Jaishankar. K	Start Time	: 10:55
I Asst. Surgeon	:	End Time	: 11:15
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/n. priya	Arthroscopy	:
Name of Surgery	: CAN	Laprosopy	:
		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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