

R-1
CGHS

CGHS

CCU

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name

IP No.

Room No.

Mrs. NAGESWARI (CGHS)

64/Female/MHI202380614

15/10/2024/1P112024003430

Dr. K. JAISHANKAR /



D.O.A. 15/10/24 Time 2.28 PM

TRANSFER DETAILS

Rent Per Day CCU

Date	Time	From	To	Nurse's Signature
15/10/24	14.28	FO	CCU	Shy 0182
16/10/24	12:00	CCU	Main ICU	Shy 0319

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 : 2ml 10ml/inj. monphi:
	Others :

MONITOR

INFUSION PUMP SYRINGE.

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
15/10/24	14.28			15/10/24	14.35		
				15/10/24	14.35		
				15/10/24	14.30	16/10/24	11.00 PM
				15/10/24	14.30	16/10/24	2:00 AM
				15/10/24	15.30		

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
15/10/24	14.28	16/10/24	16:04				

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				15/10/24	14.28	16/10/24	16:04

[illegible]

केन्द्रीय सरकार स्वास्थ्य योजना
CENTRAL GOVERNMENT HEALTH SCHEME



S NAGESWARI

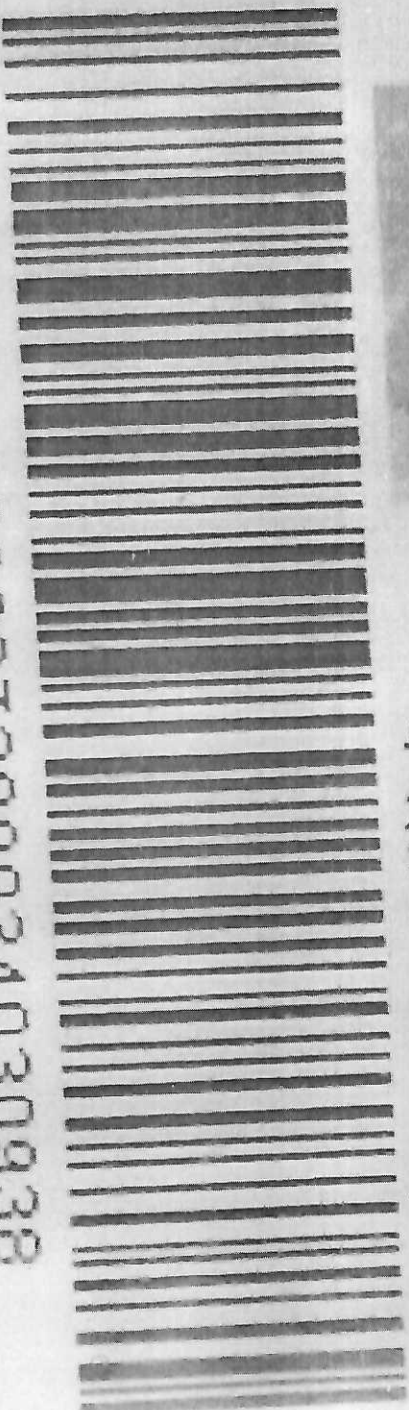
3403093 - पेंशनर / Pensioner

03-08-1960

सेमी प्राइवेट वार्ड / Semi Private Ward

रक्त वर्ग / Blood Group - -

वैधता / Valid Up to आजीवन / WHOLE LIFE



(8018)880327300034030938

निदेशक / Director