

Ref: C.M. Thiagarajan

INSURANCE

CAG

MHI/DP/2022/104



Mr. LAKSHMANAKUMAR A

36/Male/MMH202473019

15/06/2024/PH2024001425

Dr. K. JAISHANKAR

BILLING CARD

SAFETY FIRST



D.O.A. 15/6/24 Time 8:44 AM

Patient Name

IP No.

Room No.

TRANSFER DETAILS

Rent Per Day

RL

Date	Time	From	To	Nurse's Signature
15/6/24	8:44	Admission	RL	[Signature]
15/6/24	9:34	RL	Cath lab	[Signature]
15/6/24	10:32	Cath Lab	RL	[Signature]

OPERATION THEATRE

Date	:	15/6/24	OT No.	:	Cath Lab
Surgeon	:	Dr. SS	Start Time	:	9:55 AM
I Asst. Surgeon	:		End Time	:	10:20 AM
II Asst. Surgeon	:		Dis. Pack	:	
III Asst. Surgeon	:		Diathermy	:	
Anaesthetist	:		C-Arm	:	
OT Nurse	:	Abinaya Rm	Arthroscopy	:	
Name of Surgery	:	CAG	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

[illegible]