

DR-
C6489

CAB

C6489

MHI/DP/2022/104



Mr. RAJAN.K

74/Male/MHI202483224

14/08/2024/1PH2024001874

Patient Name

IP No.

Dr. K. JAISHANKAR

Room No.



BILLING CARD

SAFETY FIRST



D.O.A. 14/8/24 Time 10:32 AM

TRANSFER DETAILS

Rent Per Day

RL

Date	Time	From	To	Nurse's Signature
14/8/24	10:50	FRONT OFFICE	RL	0345
14/8/24	12:05	RL	CATH LAB	0345
14/8/24	12:45	CATH LAB	R	

OPERATION THEATRE

Date	:	14.8.24	OT No.	:	CATH LAB
Surgeon	:	Dr. J	Start Time	:	12:20 PM
I Asst. Surgeon	:		End Time	:	12:40
II Asst. Surgeon	:		Dis. Pack	:	
III Asst. Surgeon	:		Diathermy	:	
Anaesthetist	:		C-Arm	:	
OT Nurse	:	Dr. Jaishankar	Arthroscopy	:	
Name of Surgery	:	Cath	Laprosopy	:	
			Sevoflurane / Isoflurane	:	
			Inj. Fentanyl : 2ml 10ml/inj. morphine:	:	
			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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