

Ref: Dr. G. R. Sampath

Self

CA9

MHI/DP/2022/104



BILLING CARD



Mr. CHANDIRA SEKARAN
72/Male/MHI202483327

Patient Name 11/06/2024 1PH2024001395

IP No. Dr. K. JAISHANKAR

Room No.

AFETY FIRST

D.O.A. 11/6/24 Time 8:36 AM

TRANSFER DETAILS

Rent Per Day

RL

Date	Time	From	To	Nurse's Signature
11/6/24	8:40	FO	RL	Alu: 0282
11/6/24	10:10	RL	CATH LAB	Alu: 0282
11/6/24	11:15	Cath Lab	RL	Alu

OPERATION THEATRE

Date	: 11.06.24	OT No.	: CA 15 Lab
Surgeon	: Dr. G. S.	Start Time	: 10:30 AM
I Asst. Surgeon	:	End Time	: 11:00 AM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: Abinaya R CW	Arthroscopy	:
Name of Surgery	: CA	Laproscopy	:
		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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