

Ref Dr Jai Shankar

SRLP

CAH

MHI/DP/2022/104



BILLING CARD



Mr. VENKATAKRISHNAN SANKA

57/Malc/MHI202483489

08/05/2024/IPH2024001113

Dr. K. JAISHANKAR



Patient Name

D.O.A. 8/5/24 Time 8:40 pm

IP No.

Room No.

TRANSFER DETAILS

Rent Per Day

RL

Date	Time	From	To	Nurse's Signature
8/5/24	8:40	AD18810N	ER	Don
8/5/24	10:00	ER	CAH LAB	Don
8/5/24	12:15	CAH Lab	RL	Don

OPERATION THEATRE

Date	:	8/5/24	OT No.	:	CAH Lab.
Surgeon	:	Dr. Jaishankar	Start Time	:	11:20
I Asst. Surgeon	:		End Time	:	11:45 PM
II Asst. Surgeon	:		Dis. Pack	:	
III Asst. Surgeon	:		Diathermy	:	
Anaesthetist	:		C-Arm	:	
OT Nurse	:	R.N. Pancharamam	Arthroscopy	:	
Name of Surgery	:	CAH	Laproscopy	:	
			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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