

Ref: CGHS

CGHS

CAG

MHI/DP/2022/104



# BILLING CARD

## SAFETY FIRST



Patient Name

Mrs. VIJAYALAKSHMI (CGHS)

75/Female/MHI202483596

24/05/2024/IPH2024001244

IP No.

Dr. K. JAISHANKAR

Room No.



Rs-13225

D.O.A. 24/5/24 Time 9:58 AM

## TRANSFER DETAILS

Rent Per Day

RL

| Date    | Time    | From      | To       | Nurse's Signature |
|---------|---------|-----------|----------|-------------------|
| 24/5/24 | 9:58    | Admission | RL       | [Signature]       |
| 24/5/24 | 11:20   | RL        | Corthlab | 24/0299           |
| 24/5/24 | 1:20 PM | Corthlab  | RL       | [Signature]       |
|         |         |           |          |                   |
|         |         |           |          |                   |
|         |         |           |          |                   |

## OPERATION THEATRE

|                   |   |          |                                       |   |          |
|-------------------|---|----------|---------------------------------------|---|----------|
| Date              | : | 24.05.24 | OT No.                                | : | CGHS     |
| Surgeon           | : | Dr. TS   | Start Time                            | : | 12:40 PM |
| I Asst. Surgeon   | : |          | End Time                              | : | 1 PM     |
| II Asst. Surgeon  | : |          | Dis. Pack                             | : |          |
| III Asst. Surgeon | : |          | Diathermy                             | : |          |
| Anaesthetist      | : |          | C-Arm                                 | : |          |
| OT Nurse          | : | Prig RIN | Arthroscopy                           | : |          |
| Name of Surgery   | : | CAG      | Laproscopy                            | : |          |
|                   |   |          | Sevoflurane / Isoflurane              | : |          |
|                   |   |          | Inj. Fentanyl : 2ml 10ml/inj. monphi: | : |          |
|                   |   |          | Others                                | : |          |

## MONITOR

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

## INFUSION PUMP

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

## OXYGEN

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
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|      |       |      |            |

## SYRINGE PUMP

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

## ALPHA BED

## SCD PUMP

## VENTILATOR

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

[illegible]