

Ref 1
Dr. Alagesan

Self

CAG
MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name Mrs. SAROJA G
IP No. 55 / Female / MHI202483620
Room No. 18/05/2024 / IPH2024001204
Dr. K. JAISHANKAR

D.O.A. 18/5/24 Time 11:59 AM

RL

Rent Per Day

Date	Time	From	To	Nurse's Signature
18/5/2024	12:10	ADMISSION	RL	R/084
18/5/2024	12:55	RL	CATH LAB	From: 1031 P.
18/5/24	14:10	cath lab	RL	To: 0213

OPERATION THEATRE

Date	: 18/5/24	OT No.	: cath lab II
Surgeon	: Dr. Jaishankar	Start Time	: 13.30
I Asst. Surgeon	:	End Time	: 13.45
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N Prinja	Arthroscopy	:
Name of Surgery	: CAG	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

[illegible]