

Dr-Elakine
Self

INSURANCE PPN

CAG

MHI/DP/2022/104



BILLING CARD



Patient Name _____
IP No. _____
Room No. _____

Mrs. ANANDHI.K
59/Female/MHI202483668
03/05/2024/IPH2024001072
Dr.K.JAISHANKAR

D.O.A. 03/5 Time 9:12 AM

ISFER DETAILS

Rent Per Day PL

Date	Time	From	To	Nurse's Signature
3/5/24	9:10	FO	PL	Amorse
3/5/24	12:20	RL	cathlab	Amorse
3/5/24	13:40	Cath lab	PL	Amorse

OPERATION THEATRE

Date	:	3/5/24	OT No.	:	Cath lab
Surgeon	:	Dr. Jaishankar	Start Time	:	12:45
I Asst. Surgeon	:		End Time	:	13:10
II Asst. Surgeon	:		Dis. Pack	:	
III Asst. Surgeon	:		Diathermy	:	
Anaesthetist	:		C-Arm	:	
OT Nurse	:	Raj Bavatharini	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

OPERATION THEATRE

[illegible]

Date	LABORATORY
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RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER							
CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
Date	PHYSIOTHERAPY						
NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

