



BILLING CARD
SAFETY FIRST



Patient Name

Mr.JAGANNATHAN.K

91/Male/MHI202483154

25/07/2024, 1P112024001736

IP No.

Dr.K.JAISIA NKAR

Room No.



TRANSFER DETAILS

Rent Per Day

ccv

Date	Time	From	To	Nurse's Signature
25/7/24	13:30	Admission	CCU	2003
26/7/24	9:50	CCU	208 - A	202 AH

OPERATION THEATRE

Date :	OT No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl : 2ml 10ml/inj. monphi:
	Others :

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
25/7/24	13.30	26/7/24	9.50				

OXYGEN

SYRINGE PUMP

[illegible]

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE

Date :	OT. No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

Date	LABORATORY
05/4/24	CBC, RET, JET, U980 R/E, TROP I (Quantitative)
25/4/24	CK-MB, CP-K (Total), NTB/BNP, RET, (9441)
26/7/24	RET (9468)
27/7/24	(RET, NT p80 BNP (9506))

[illegible]

[illegible]