

BILLING CARD

Where heart beat never stops...

Patient Name

Mr. SUNDAR.S

51/Male/MHI202483749

09/05/2024/IPH2024001129

IP No.

Dr. K. JAISHANKAR

Room No.

D.O.A. 9/5/24 Time 09.09 AM**TRANSFER DETAILS**

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
9/5/24	9.09	ADMISSION	RL	
9/5/24	11.35	RL	CATH LAB	
9/5/24	12.45	CATH LAB	RL	

OPERATION THEATRE

Date	: 9/5/24	OT No.	: cath lab II
Surgeon	: Dr. Jaishankar	Start Time	: 12.00
I Asst. Surgeon	:	End Time	: 12.25
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: P/N Bavatharani	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

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