

Ref: Suraya Siew Staff

Self

CAG

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name

Mrs. ALAGAMMAI

55/Female/MHI202483828

18/05/2024/IPH2024001202

IP No.

Dr. K. JAISHANKAR

Room No.



D.O.A. 18/5/24 Time 9:05 AM

Rent Per Day RL

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
18/5/2024	9:16	Admission	RL	18/05/24
18/5/2024	10:55	RL	Cath Lab	18/05/24
18/5/24	12:45	Cath Lab	RL	18/05/24

OPERATION THEATRE

Date	: 18/5/24	OT No.	: Cath Lab II
Surgeon	: Dr. Jaishankar	Start Time	: 12.00
I Asst. Surgeon	:	End Time	: 12.15
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N Abinaya	Arthroscopy	:
Name of Surgery	: CAG	Laproscopey	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. morphi:	:
		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

