

BILLING CARD



Patient Name

MR GOVINDASAMY MURUGESAN

63/Male/MHI202483850

25/09/2024:1P112024002264

Dr. K. JAISANKAR

D.O.A. 25/09/24 Time 11:34 AM

IP No.

Room No. _____

TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
25/9/24	11:34	Admission	RI	[Signature]
25/9/24	12:30	RI	CATH LAB	[Signature]
25/9/24	13:00	CATH LAB	RI	[Signature]

OPERATION THEATRE

OPERATION THEATRE	
Date : 25/09/24	OT No. : CATHLAB-II
Surgeon : Dr. Jyotishankar K	Start Time : 12:35
I Asst. Surgeon :	End Time : 12:58
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse : Mr. Bawaadhasan?	Arthroscopy :
Name of Surgery : CAU	Laprosocopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl : 2ml 10ml/inj. monphi:
	Others :

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

[illegible]

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]