

Ref by  
BSN

CGHS  
SAFETY FIRST

CAG

MHI/DP/2022/104



# BILLING CARD



Mr. RAMAKRISHNAN(CGHS)  
Patient Name 75/Male/MHI202483938  
IP No. 27/05/2024/IPH2024001260  
Room No. RL Dr. K. JAISHANKAR

D.O.A. 27/5/24 Time 9:55 AM

15200

## TRANSFER DETAILS

Rent Per Day \_\_\_\_\_

| Date    | Time  | From      | To       | Nurse's Signature |
|---------|-------|-----------|----------|-------------------|
| 27/5/24 | 9:55  | ADMISSION | RL       | 27/5/24           |
| 27/5/24 | 12:55 | RL        | CATH LAB | 27/5/24           |
| 27/5/24 | 15:25 | Cath lab  | RL       | 27/5/24           |
|         |       |           |          |                   |
|         |       |           |          |                   |

## OPERATION THEATRE

|                   |                   |                                       |            |
|-------------------|-------------------|---------------------------------------|------------|
| Date              | : 27/5/24         | OT No.                                | : Cath lab |
| Surgeon           | : Dr. Jaishankar  | Start Time                            | : 14:40    |
| I Asst. Surgeon   | :                 | End Time                              | : 15:05    |
| II Asst. Surgeon  | :                 | Dis. Pack                             | :          |
| III Asst. Surgeon | :                 | Diathermy                             | :          |
| Anaesthetist      | :                 | C-Arm                                 | :          |
| OT Nurse          | : R/d Banatharini | 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 |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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## OXYGEN

## SYRINGE PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
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## ALPHA BED

## SCD PUMP

## VENTILATOR

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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[illegible]