

Ref by  
CPT

CPT

CAG

MHI/DP/2022/104



# BILLING CARD

## SAFETY FIRST



Patient Name

Mrs. PADMA K(CPT)

56/Female/MHI202484035

IP No.

24/05/2024/IPH2024001245

Room No

Dr. G. GNANAVELU

D.O.A. 24/5/24 Time 10/18 AM

### TRANSFER DETAILS

Rent Per Day

| Date    | Time     | From      | To       | Nurse's Signature |
|---------|----------|-----------|----------|-------------------|
| 24/5/24 | 10.18 AM | ADMISSION | RL       | autosa            |
| 24/5/24 | 11:00    | RL        | CATH LAB | autosa            |
| 24/5/24 | 12:10 PM | CATH LAB  | RL       | J. A...           |
|         |          |           |          |                   |
|         |          |           |          |                   |
|         |          |           |          |                   |

### OPERATION THEATRE

|                   |   |              |                                       |   |          |
|-------------------|---|--------------|---------------------------------------|---|----------|
| Date              | : | 24.5.24      | OT No.                                | : | C-151201 |
| Surgeon           | : | Dr. G. G...  | Start Time                            | : | 11.35 AM |
| I Asst. Surgeon   | : |              | End Time                              | : | 11.52 AM |
| II Asst. Surgeon  | : |              | Dis. Pack                             | : |          |
| III Asst. Surgeon | : |              | Diathermy                             | : |          |
| Anaesthetist      | : |              | C-Arm                                 | : |          |
| OT Nurse          | : | Prigya A. N. | Arthroscopy                           | : |          |
| Name of Surgery   | : | can          | Laproscopey                           | : |          |
|                   |   |              | 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 |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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|      |       |      |            |      |       |      |            |

### ALPHA BED

### SCD PUMP

### VENTILATOR

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

