

Ref!
Dr. Thirumal

Self

CAG

MHI/DP/2022/104



BILLING CARD
SAFETY FIRST



Patient Name _____
IP No. _____
Room No. R2

Mr. VADIVEL B
45/Male/MHI202484194
04/06/2024/IPH2024001338
Dr. K. JAISHANKAR

D.O.A. 04/6/24 Time 10:40 AM

TRANSFER DETAILS Rent Per Day _____

Date	Time	From	To	Nurse's Signature
4/6/24	10.45	FO	RL	Shu-0282
4/6/24	11.15	RL	CATE/CAB	Shu-0282
4/6/24	2.30 PM	Cats Lab	RL	Shu-0282

OPERATION THEATRE

Date :	4-06-24	OT No. :	Cats Lab
Surgeon :	Dr. JS	Start Time :	2.40 PM
I Asst. Surgeon :		End Time :	3 PM
II Asst. Surgeon :		Dis. Pack :	
III Asst. Surgeon :		Diathermy :	
Anaesthetist :		C-Arm :	
OT Nurse :	Shrusdani RN	Arthroscopy :	
Name of Surgery :	CAG	Laproscopy :	
		Sevoflurane / Isoflurane :	
		Inj. Fentanyl : 2ml 10ml/inj. morphine:	
		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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