

BILLING CARD



Mrs. BANUMATHI (ESI)

65/Female/MHI202484224

12/06/2024/1PH2024(001403

Dr.K.JAISHANKAR

Patient Name

IP No.

Room No.

TRANSFER DETAILS

Rent Per Day

Date	Time	From	To	Nurse's Signature
12/06/24	10:25	ADMISSION	RL	[Signature]
12/06/24	11:05	RL	CATH LAB	[Signature]
12/06/24	12:30	CATH LAB	RL	[Signature]

OPERATION THEATRE

Date : 12/06/24	OT No. : CATH LAB-II
Surgeon : Dr. Trishankar K	Start Time : 11:40
I Asst. Surgeon :	End Time : 12:20
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse : R/n. Praya	Arthroscopy :
Name of Surgery : CAUT	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl : 2ml 10ml/inj. monphi:
	Others :

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

[illegible]

SYRINGE PUMP

[illegible]

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

	Date

VENTILATOR

Start	Date	Disconnect

[illegible]