

Ref: JS1



CAG

MHI/DP/2022/104



BILLING CARD



Patient Name

Mrs.PANCHAVARNAM K

55/Female/MHI202484296

11/06/2024/1PH2024001401

SAFETY FIRST

IP No.

Dr.K.JAISHANKAR

Room No.

D.O.A. 11/06/24

Time 01:28 pm

TRANSFER DETAILS

Rent Per Day

Date	Time	From	To	Nurse's Signature
11/6/24	13:28	AKM	RL	RL
11/6/24	13:50	RL	CATH LAB	RL
11/6/24	14:45	Cath Lab	RL	RL

OPERATION THEATRE

Date	:	11/6/24	OT No.	:	Cath Lab
Surgeon	:	Dr. JS	Start Time	:	2 pm
I Asst. Surgeon	:		End Time	:	2:25 pm
II Asst. Surgeon	:		Dis. Pack	:	
III Asst. Surgeon	:		Diathermy	:	
Anaesthetist	:		C-Arm	:	
OT Nurse	:	Pragna R N	Arthroscopy	:	
Name of Surgery	:	Con	Laprosopy	:	
			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

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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