

BILLING CARD



Patient Name _____

Mr. CHANDRA KUMAR (ESI)

37/Male/MHI202484352

20/06/2024/PH2024001471

IP No. _____

Dr. K. JAISHANKAR

Room No. _____

D.O.A. 20/06/24 Time 11:25 AM

NURSE DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
20/6/24	11:25	ADMISSION	RL	dufa 299
20/6/24	12:10	RL	CATH LAB	ny 0299
20/6/24	13:30	CATH LAB	RL	20004

OPERATION THEATRE

Date	: 20/06/2024	OT No.	: CATH LAB - I
Surgeon	: Dr. Jaishankar, K	Start Time	: 12:50
I Asst. Surgeon	:	End Time	: 13:20
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: K/n. priya	Arthroscopy	:
Name of Surgery	: CAU	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. morphi:	:
		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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