



MR. A KRISHNA SARMA

43/Malc/MH1202484412

20/06/2024 1PH2024001464

Dr.K.JAISHANKAR



BILLING CARD

SAFETY FIRST



D.O.A. 20/06/24 Time 08/41 AM

Patient Name

IP No. _____

Room No. _____

TRANSFER DETAILS

Rent Per Day

Date	Time	From	To	Nurse's Signature
20/6/24	8:11	Admission	RL	
20/6/24	12:45	RL	Cath Lab	
20/6/24	14:10	CATH LAB	RL	

OPERATION THEATRE

Date :	20/4/24.	OT No. :	Cash Lab - II
Surgeon :		Start Time :	14:00
I Asst. Surgeon :		End Time :	14:25.
II Asst. Surgeon :		Dis. Pack :	
III Asst. Surgeon :		Diathermy :	
Anaesthetist :		C-Arm :	
OT Nurse :	R/N Banathaxini	Arthroscopy :	
Name of Surgery :	CABG.	Laproscopy :	
		Sevoflurane / Isoflurane :	
		Inj. Fentanyl : 2ml 10ml/inj. monphi:	
		Others :	

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
20/10/24							

OXYGEN

SYRINGE PUMP

[illegible]

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]