

Ref: Dr. Palaniappan.

Self

CAG
MHI/DP/2022/104



Mrs. LAKSHMI
50/Female/MHI202484521
01/07/2024/1PH2024001539
Dr. K. JAISHANKAR

BILLING CARD SAFETY FIRST



Patient Name

IP No.

Room No.

D.O.A. 01/7/24 Time 8:50 AM

TRANSFER DETAILS

Rent Per Day

RL

Date	Time	From	To	Nurse's Signature
1/7/24	8:50	FO	RL	M. S. R.
1/7/24	11:30	RL	Cath	M. S. R.
1/7/24	12:20 PM	Cath Lab	P	

OPERATION THEATRE

Date	:	1/7/24	OT No.	:	Cath Lab
Surgeon	:	Dr. G	Start Time	:	11:45 AM
I Asst. Surgeon	:		End Time	:	12:05 PM
II Asst. Surgeon	:		Dis. Pack	:	
III Asst. Surgeon	:		Diathermy	:	
Anaesthetist	:		C-Arm	:	
OT Nurse	:	Bhargavan R S	Arthroscopy	:	
Name of Surgery	:	Cath	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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