

Ref
Dr. Narendran.

Self

CAG

MHI/DP/2022/104



BILLING CARD
SAFETY FIRST



Patient Name

Mr. MUNUSAMY S

60/Male/MHJ202484552

29/06/2024/1PH2024001532

IP No.

Dr. NARENDRAN M

Room No.



TRANSFER DETAILS

Rent Per Day

D.O.A. 29/6/24 Time 11:26 AM

PL

Date	Time	From	To	Nurse's Signature
29/6/24	11.26	Admission	RI	[Signature]
29/6/24	14.20	RI	Cath Lab	[Signature]
29/6/24	15.05	Cath Lab	PL	[Signature]

OPERATION THEATRE

Date	: 29/6/24.	OT No.	: Cath Lab-II
Surgeon	: Dr. Narendran	Start Time	: 14.20
I Asst. Surgeon	:	End Time	: 14.50
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R.N. Pancharatnam	Arthroscopy	:
Name of Surgery	: CAG	Laproscopy	:
		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

[illegible]