

Ref: Dr. P.S. Sivam

Self

CAG

MHI/DP/2022/104



BILLING CARD



Patient Name

Mrs. KAVITHA CHANDRAN

50/Female, MHI202484613

05/07/2024/1P112024001572

Dr. K. JAISHANKAR

SAFETY FIRST

D.O.A. 05/07/24 Time 9:06 AM

IP No.

Room No.

TRANSFER DETAILS

Rent Per Day

RL

Date	Time	From	To	Nurse's Signature
5/7/24	9.06	ADMISSION	RL	Ny 0299
5/7/24	9.55	RL	CATH LAB	Ny 0299
5/7/24	10.55	cath lab	RL	Ny 0299

OPERATION THEATRE

Date	: 5/7/24	OT No.	: cath lab II
Surgeon	: Dr. Jaishankar	Start Time	: 10.20
I Asst. Surgeon	:	End Time	: 10.30
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: Rm Bavatharini	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

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