

Ref: CAGHS

CGHS

CAG

MHI/DP/2022/104



Mr. DORAISWAMY R (CGHS)
 71/Male/MHI202484639
 15/07/2024/PH2024001644

BILLING CARD

AFETY FIRST



Patient Name — **Dr. K. JAISHANKAR**

D.O.A. 15/7/24 Time 9:13 AM

IP No. 

Room No. _____ TRANSFER DETAILS Rent Per Day RL

Date	Time	From	To	Nurse's Signature
15/7/24	9:15	ADMISSION	RL	<i>[Signature]</i>
15/7/24	11:40	RL	CATH LAB	<i>[Signature]</i>
15/07/24	19:00	Cath Lab	RL	<i>[Signature]</i>

OPERATION THEATRE

Date :	15-07-24	OT No. :	Cath Lab
Surgeon :	Dr. JS	Start Time :	1 PM
I Asst. Surgeon :		End Time :	1:30 PM
II Asst. Surgeon :		Dis. Pack :	
III Asst. Surgeon :		Diathermy :	
Anaesthetist :		C-Arm :	
OT Nurse :	Bhavadhini R. R.	Arthroscopy :	
Name of Surgery :	CAG	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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