

Ref. Dr. Narendran

Self

CAG

MHI/DP/2022/104



Mrs. LAKSHMI RAJENDRAN

53/Female/MHI202484730

09/07/2024/1P12024001600

Dr. NARENDRAN M

BILLING CARD

ETTY FIRST

D.O.A. 09/7/24 Time 11:09AM



Patient Name

IP No.

Room No.

TRANSFER DETAILS

Rent Per Day

RL

| Date   | Time  | From     | To       | Nurse's Signature |
|--------|-------|----------|----------|-------------------|
| 9/7/24 | 11:11 | Adm      | RL       | [Signature]       |
| 9/7/24 | 14:15 | RL       | cath lab | [Signature]       |
| 9/7/24 | 15:45 | cath lab | RL       | [Signature]       |
|        |       |          |          |                   |
|        |       |          |          |                   |
|        |       |          |          |                   |

OPERATION THEATRE

|                   |                 |                                       |               |
|-------------------|-----------------|---------------------------------------|---------------|
| Date              | : 9/7/24        | OT No.                                | : Cath lab II |
| Surgeon           | : Dr. Narendran | Start Time                            | : 15:10       |
| I Asst. Surgeon   | :               | End Time                              | : 15:30       |
| II Asst. Surgeon  | :               | Dis. Pack                             | :             |
| III Asst. Surgeon | :               | Diathermy                             | :             |
| Anaesthetist      | :               | C-Arm                                 | :             |
| OT Nurse          | : R/N Abinaya   | 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 |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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OXYGEN

SYRINGE PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
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ALPHA BED

SCD PUMP

VENTILATOR

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
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[illegible]