

BILLING CARD

SAFETY FIRST



Patient Name

Mr. RAVI SHANKAR

63/Male/MH1202484839

IP No.

Dr. K. JAISHANKAR

Room No.



D.O.A. 15/7/24 Time 02:11 AM

3,34,000

TRANSFER DETAILS

Rent Per Day

Date	Time	From	To	Nurse's Signature
15/7/24	02:11	Admission	CCU	[Signature]
15/7/24	15:10	CCU	Cath lab	[Signature]
15/7/24	17:10	Cath lab	CCU	[Signature]
17/7/24	10:20	CCU	ICU	[Signature]

OPERATION THEATRE

Date	: 15/7/24	OT No.	: Cath lab II
Surgeon	: Dr. Jaishankar	Start Time	: 15:20
I Asst. Surgeon	:	End Time	: 17:45
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: Rtn. Panchavarnam	Arthroscopy	:
Name of Surgery	: CABG + PTCA + TPI	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. morphine
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
15/7/24	02:11	15/7/24	10:20	15/7/24	02:11	15/7/24	04:00 AM
				15/7/24	02:11	15/7/24	5:00 AM

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
15/7/24	2:11	16/7/24	5:30				
16/7/24	9:30	17/7/24	9:40				

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

18000 + 86,000 + 35,000 + 20,000

OPERATION THEATRE

Date :	OT. No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

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Date _____

Date _____

OTHERS

[illegible]

[illegible]