

Ref: CGHS

CGHS

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MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name: **Mr. BALASUBRAHMANYAM V (C)**
 49/Male/MHI202484878
 23/07/2024/IPH2024001713
 IP No. **Dr. K. JAISHANKAR**

D.O.A. 23/7/24 Time 8:43 AM

Room No. _____ **TRANSFER DETAILS** Rent Per Day RL

Date	Time	From	To	Nurse's Signature
23/7/24	8:43	Admission	RL	officer
23/7/24	12:35	R	CATH LAB.	officer
23/7/24	13:35	CATH LAB	RL	2004

OPERATION THEATRE

Date	: 23/07/2024	OT No.	: CATH LAB-II
Surgeon	: Dr. Jaishankar K	Start Time	: 12:45
I Asst. Surgeon	:	End Time	: 13:20
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/n. Abinaya	Arthroscopy	:
Name of Surgery	: CAM	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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