

Mr. GOPALAKRISHNAN.T.R (CGH)
 70/Male/MHI202484978
 27/07/2024:IP112024001741

BILLING CARD SAFETY FIRST



Patient Name

Dr. K. JAISHANKAR

D.O.A. 27/7/24 Time 9:57 AM

IP No.

Room No.

TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
27/7/24	9:57	Admission	RI	Alao
27/7/24	11:00	Cath Lab. RI	Cath Lab.	Alao
27/7/24	12:50	Cath Lab.	RI	Alao

OPERATION THEATRE

Date	: 27. 07. 24	OT No.	: Cath Lab
Surgeon	: Dr. J.	Start Time	: 12:05 PM
I Asst. Surgeon	:	End Time	: 12:20 PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: Bhavani R N	Arthroscopy	:
Name of Surgery	: C3	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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