

Ref by
Dr. Srinivasan

Self

Casey

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name

Mr.UDHAYAKUMAR S

47/Male/MHI202485006

29/07/2024/1P112024001747

Dr.K.JAISHANKAR

IP No.

Room No.



D.O.A. 29/7/24 Time 8.17 AM

RANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
29/7/24	8.17 AM	Admission	RL	[Signature]
29/7/24	10.00	RC	Cath lab	[Signature]
29/7/24	10.25 AM	Cath Lab	RL	[Signature]

OPERATION THEATRE

Date	: 29/7/24	OT No.	: Cath Lab
Surgeon	: Dr. RS	Start Time	: 10.50 AM
I Asst. Surgeon	:	End Time	: 11.05 AM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: A. Desodari RN	Arthroscopy	:
Name of Surgery	: CA	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

[illegible]