

Ref: Dr. Narendran

Self

CAG

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name

Mr. SETHILKUMAR

52/Male/MHI202485103

03/08/2024/1P112024001789

IP No.

Dr. NARENDRAN M

Room No.

D.O.A. 03/8/24 Time 10:52 AM

TRANSFER DETAILS

Rent Per Day RL

Date	Time		To	Nurse's Signature
2/8/24	10:55	ADM	RL	AM 0158
2/8/24	12:40	RL	CATH LAB	
3/8/24		Cath Lab	RL	Dezen

OPERATION THEATRE

Date	: 3/8/2024	OT No.	: CATH LAB - II
Surgeon	: DR. NARENDRAN	Start Time	: 12:35
I Asst. Surgeon	:	End Time	:
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: Dr. Sandhya	Arthroscopy	:
Name of Surgery	: CAG	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. morphi:	:
		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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