



Mrs.MALATHI B

51/Female/MH1202485233

13/08/2024 1PH2024001862

Patient Nam

IP No.

Dr.K.JAISHANKAR



Room No.

BILLING CARD

SAFETY FIRST



D.O.A. 13/8/24 Time 8:44 AM

C162a

RL

Rent Per Day

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
13/8/24	8:50am	FRONT OFFICE	RL	Shirley 0345
13/8/24	9:50am	RL	CATHLAB	Shirley 0345
13/8/24	11:20	CATHLAB	RL	Shirley 0345

OPERATION THEATRE

Date : 13/08/24	OT No. : CATHLAB-II
Surgeon : Dr. Talshankar.K	Start Time : 10:30
I Asst. Surgeon :	End Time : 10:50
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse : R/n. Priya	Arthroscopy :
Name of Surgery : CAU	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl : 2ml 10ml/inj. monphi:
	Others :

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

[illegible]

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]