

Ref
Dr. Mohideen

Self

CAG

MHI/DP/2022/104



BILLING CARD



Patient Name Mr. ABDULWAKIL A
56/Male/MHI202485268
21/08/2024/1PH2024001925
IP No. Dr. K. JAISHANKAR
Room No. _____

D.O.A. 21/8/24 Time 10:09am

RANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
21/8/24	10:10	FO	RL	<u>[Signature]</u>
21/8/24	10:45	RL	Care	
21/8/24	1:36	Care	RL	<u>[Signature]</u>

OPERATION THEATRE

Date : <u>21.8.24</u>	OT No. : <u>Care Las</u>
Surgeon : <u>Dr. JS</u>	Start Time : <u>12:45pm</u>
I Asst. Surgeon :	End Time : <u>1pm</u>
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse : <u>Abinaya RLW</u>	Arthroscopy :
Name of Surgery : <u>Care</u>	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]