

CGHS

CGHS

CAG

MHI/DP/2022/104



BILLING CARD



Patient Name **Mr. RAVI NAIK (CGHS)**
 58/Male/MHI202485443
 29/08/2024, IP112024001993
 Dr. K. JAISHANKAR

D.O.A. 29/8/24 Time 10:10 AM

Room No. _____

RANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
29/8/24	10:10	APM	RL	
29/8/24		RL	CATH LAB	
29/8/24	13:15	CATH LAB	RL	

OPERATION THEATRE

Date	: 29/8/24	OT No.	: CATH LAB-II
Surgeon	: Dr. Jaishankar. K	Start Time	: 12:30
I Asst. Surgeon	:	End Time	: 13:00
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/W. P. P. Y. A	Arthroscopy	:
Name of Surgery	: CAG	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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