

Dr. Narendran Siv

SELF

CAG  
MHI/DP/2022/104



# BILLING CARD



Patient Name

IP No.

Room No.

Mr. MUTHU SELVAM L

36/Male/MHI202485812

14/09/2024, IP112024002162

Dr. NARENDRAN M



D.O.A. 14/9/24 Time 11:26 AM

## TRANSFER DETAILS

Rent Per Day RL

| Date    | Time    | From      | To        | Nurse's Signature |
|---------|---------|-----------|-----------|-------------------|
| 14/9/24 | 1:26    | Admission | RL        |                   |
| 14/9/24 | 12:05   | RL        | Ortho Lab |                   |
| 14/9/24 | 1:20 PM | Cath Lab  | RL        |                   |
|         |         |           |           |                   |
|         |         |           |           |                   |
|         |         |           |           |                   |

## OPERATION THEATRE

|                   |   |                |                                       |   |          |
|-------------------|---|----------------|---------------------------------------|---|----------|
| Date              | : | 14/9/24        | OT No.                                | : | Cath Lab |
| Surgeon           | : | Dr. Narendran  | Start Time                            | : | 12:00 PM |
| I Asst. Surgeon   | : |                | End Time                              | : | 12:05 PM |
| II Asst. Surgeon  | : |                | Dis. Pack                             | : |          |
| III Asst. Surgeon | : |                | Diathermy                             | : |          |
| Anaesthetist      | : |                | C-Arm                                 | : |          |
| OT Nurse          | : | Bhaskarini R w | Arthroscopy                           | : |          |
| Name of Surgery   | : | Cath           | 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]