

Dr. V. S. Kumar

SELF

CAG

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name

IP No.

Room No.

Mr. CLATON PHILIMON

55/Male/MHI202485834

17/09/2024:IP112024002180

Dr. K. JAISHANKAR



D.O.A. 17/9/24 Time 8.32 AM

TRANSFER DETAILS

Rent Per Day PL

Date	Time	From	To	Nurse's Signature
17/9/24	8:40	FO	PL	
17/9/24	10:20	PL	Cath Lab	
17/9/24	12:00	Cath Lab	PL	

OPERATION THEATRE

Date	:	17/9/24	OT No.	:	Cath Lab
Surgeon	:	Dr. JS	Start Time	:	11:05 AM
I Asst. Surgeon	:		End Time	:	11:20 AM
II Asst. Surgeon	:		Dis. Pack	:	
III Asst. Surgeon	:		Diathermy	:	
Anaesthetist	:		C-Arm	:	
OT Nurse	:	Prigya R/K	Arthroscopy	:	
Name of Surgery	:	CA	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]