

Ref. Dr. Galai Sudan prabhu

Self

CAG

MHI/DP/2022/104



Mr. RAMESH B
45/Male/MHM202406994
05/10/2024/IP112024002351
Dr. K. JAISHANKAR

BILLING CARD SAFETY FIRST



Patient Name

IP No.

Room No.

D.O.A. 05/10/24 Time 10:23 AM

TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
5/10/24	10:25	Admission	RL	10-23-24
5/10/24	11:45	RL	CATH	Dr. 23
5/10/24	12:40	CATH LAB	RL	Dr. 23

OPERATION THEATRE

Date	: 05/10/24	OT No.	: CATH LAB-II
Surgeon	: Dr. Jaishankar. R	Start Time	: 12:05
I Asst. Surgeon	:	End Time	: 12:30
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/a - Bavadharni	Arthroscopy	:
Name of Surgery	: CAG	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

