

Ref: Dr. Jaganathan

Self

CAG

MHI/DP/2022/104



BILLING CARD



Patient Name

IP No.

Room No.

Mr. SALOMAN JAMES

49/Male/MHI202485988

24/09/2024:IP112024002258

Dr. V. JAGANATHAN



D.O.A. 24/9/24 Time 1.10pm

TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
24/9/24	13.30	EO	RL	
24/9/24	14.10	RL	Cath Lab	
24/9/24	15.25	Cath Lab	RL	

OPERATION THEATRE

Date	: 24/9/24	OT No.	: Cath Lab 2
Surgeon	: Dr. Jaganathan	Start Time	: 14.40
I Asst. Surgeon	:	End Time	: 15.10
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/w Bawatharini	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

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