

DR. NARENDRA M
SIS

SELF

CAG
MHI/DP/2022/104



BILLING CARD



Patient Name

Mr. RAMAKRISHNAN M

59/Male/MHI202486030

26/09/2024: IP112024002277

IP No.

Dr. NARENDRA M

Room No.



D.O.A. 26/9/24 Time 11.25 AM

RANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
26/9/24	11:30	Front office	RL	NS 0345
26/9/24	11:30	RL	Cath lab	NS 0345
26/9/24	15:35	Cath lab	RL	NS 0283

OPERATION THEATRE

Date	: 26/9/24	OT No.	: Cath lab I
Surgeon	: Dr. Narendran	Start Time	: 13:00
I Asst. Surgeon	:	End Time	: 15:20
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N Abinaya	Arthroscopy	:
Name of Surgery	: CAG	Laprosopy	:
		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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