



CAG

MHI/DP/2022/104



BILLING CARD



Patient Name

Mr. SURESH BABU.K.N (ESI)

52/Male/MHI202486120

01/10/2024:1P112024002311

IP No.

Dr. K. JAISHANKAR

Room No.



TRANSFER DETAILS

Rent Per Day

RL

Date	Time	From	To	Nurse's Signature
1/10/24	10:29	Admission	RL	
1/10/24	11:10	RL	CATH LAB	
1/10/24	12:00	CATH LAB	RL	

OPERATION THEATRE

Date	: 01/10/24	OT No.	: CATH LAB - II
Surgeon	: Dr. Jaishankar. K	Start Time	: 11:35
I Asst. Surgeon	:	End Time	: 11:50
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: k/n. priya	Arthroscopy	:
Name of Surgery	: CATH	Laprosocopy	:
		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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