

Ref: SP-Delta Hospital

Self

CAG

MHI/DP/2022/104



Mr. VENKATESH C
74/Male/MHI202486224
07/10/2024, IP12024002359

BILLING CARD

SAFETY FIRST



Patient Name

Dr. K. JAISHANKAR

IP No.

D.O.A. 07/10/24 Time 09:52AM

Room No.

TRANSFER DETAILS

Rent Per Day

RL

Date	Time	From	To	Nurse's Signature
7/10/24	10:00	ADMISSION	RL	Ba377
7/10/24	11:45	RL	CATH LAB	
7/10/24	12pm	Cath Lab	RL	G. J. J.

OPERATION THEATRE

Date	: 7/10	OT No.	: Cath LAB - 2
Surgeon	: Dr. JS	Start Time	: 11:40 AM
I Asst. Surgeon	:	End Time	: 12pm
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: BINABINAYA	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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