

Ref: Shangai Hospital

Self

CAG

MHI/DP/2022/104



Patient Name

IP No.

Room No.

Mr. CHAGAN RAJ MEHTA

63/Male/MHI202486234

07/10/2024/1P12024002362

Dr. KAILASH A JAIN



BILLING CARD SAFETY FIRST



D.O.A. 07/10/24 Time 10:30AM

TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
7/10/24	10:30	Adm	RL	Shruti
7/10/24		RL	Cath lab	Shruti
7/10/24	15:10pm	Cath lab	RL	Shruti

OPERATION THEATRE

Date	: 7/10	OT No.	: Cath lab - I
Surgeon	: Dr. G. G. G.	Start Time	: 11:30pm.
I Asst. Surgeon	:	End Time	: 15:00pm.
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: RN Rhea Phadnis	Arthroscopy	:
Name of Surgery	: CAG	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. morphi:	:
		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

[illegible]