

BILLING CARD
SAFETY FIRST


Patient Name

Mrs. SEETHAN (ESI)

52/Female/MHI202486374

15/10/2024/1P12024002424

Dr. K. JAISHANKAR /

D.O.A. 15/10/24 Time 10.37 AM

IP No. _____

Room No. _____

TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
15/10/2024	10:37 AM	ERL Admission	ERL	[Signature]
15/10/2024	12:10	ERL	CATH LAB	[Signature]
15/10/24	12:20 pm	Cath lab	RL	C. Phyl

OPERATION THEATRE

Date	: 15/10	OT No.	: Cath lab E
Surgeon	: Dr. Jaishankar	Start Time	: 12:40/2024
I Asst. Surgeon	:	End Time	: 12:00/2024
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: RN Bhavadhale	Arthroscopy	:
Name of Surgery	: CAE	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

[illegible]