

Ref: 081

ESI

CAR.

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name

Mr. DHANDAPANI. P (ESI)

69/Male/MHI202381310

23/07/2024/IPH2024001716

Dr. G. GNANAVELU

D.O.A. 25/7/24

Time 11:45

IP No.

Room No.

TRANSFER DETAILS

Rent Per Day

ESI / RL

Date	Time	From	To	Nurse's Signature
23/7/24	11:45	Admission	PL	[Signature]
23/7/24	13:05	PL	Cath Lab	[Signature]
23/7/24	14:35	Cath Lab	Re	[Signature]

OPERATION THEATRE

Date	: 23-07-24	OT No.	: Cath Lab
Surgeon	: Dr. JS	Start Time	: 2PM
I Asst. Surgeon	:	End Time	: 2:18 PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: Prige RN	Arthroscopy	:
Name of Surgery	: ch.	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

[illegible]