

ESI

CAU

MHI/DP/2022/104

Mr. RABIN G(ESI)
69/Male/MHI202483769
15/05/2024/IPH2024001178
Patient Name **Dr. G. GNANAVELU**

BILLING CARD
SAFETY FIRST

D.O.A. 15/5/24 Time 10:16 Am

IP No. _____
Room No. RL

TRANSFER DETAILS Rent Per Day _____

Date	Time	From	To	Nurse's Signature
15/5/24	10:10	APM	RL	
15/5/24	12:05	RL	CATH LAB	
15/5/24	12:45	CATH LAB	RL	

OPERATION THEATRE

Date : <u>15/05/24</u>	OT No. : <u>CATH LAB-II</u>
Surgeon : <u>Dr. Gnanavelu. G</u>	Start Time : <u>12:10</u>
I Asst. Surgeon :	End Time : <u>12:30</u>
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse : <u>R/r. priya</u>	Arthroscopy :
Name of Surgery : <u>CAU</u>	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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