

Ref: ESI



CAG

MHI/DP/2022/104



BILLING CARD



Patient Name _____

Mrs. KUMARI S (ESI)

63/Female/MHI202483799

08/05/2024/IPH2024001119

Dr. G. GNANAVELU



D.O.A. 8/5/24 Time 10:51 AM

IP No. _____

Room No. _____

TRANSFER DETAILS

Rent Per Day _____

RL

Date	Time	From	To	Nurse's Signature
8/5/24	10:58	ADM	RL	Ny 058
8/5/24	15:05	RL	CATH LAB.	
8/5/24	17:20	Cath lab	RL	P20233

OPERATION THEATRE

Date	: 8/5/24	OT No.	: Cath lab II
Surgeon	: Dr. Gnanaavelu	Start Time	: 16:30
I Asst. Surgeon	:	End Time	: 16:50
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/w Sandhya	Arthroscopy	:
Name of Surgery	: CAG	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

