

Ref ESI.



CAG
MHI/DP/2022/104



BILLING CARD



Patient Name

IP No.

Room No.

Mr. KUMAR P (ESI)
60/Male/MHI202483838
10/05/2024/IPH2024001147
Dr. G. GNANAVELU

D.O.A. 10/5/24 Time 11:51 AM

TRANSFER DETAILS

Rent Per Day

RL

Date	Time	From	To	Nurse's Signature
10/5/24	11:51	Admission	RL	
10/5/24	14:40	RL	Cath lab	
10/5/24	15:25	Cath lab	RL	

OPERATION THEATRE

Date	: 10/5/2024	OT No.	: Cath lab
Surgeon	: Dr. Gnanaavelu	Start Time	: 14:45
I Asst. Surgeon	:	End Time	: 15:20
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/n priya	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

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