

Ref
ESI

ESI

CAG
MHI/DP/2022/104



BILLING CARD



Mrs. GUNASUNDARI (ESI)
67/Female/MHI202483840
11/05/2024/IPH2024001150
Dr. G. GNANAVELU

Patient Name

IP No.

D.O.A. 11/5/24 Time 10:29 AM

Room No.

TRANSFER DETAILS

Rent Per Day PL

Date	Time	From	To	Nurse's Signature
11/5/24	10:29	Admission	RC	[Signature]
11/5/24	11:50	RC	Coatlab	[Signature]
11/5/24	1:10 PM	Coatlab	RC	[Signature]

OPERATION THEATRE

Date	:	11/5/24	OT No.	:	CAS Lab
Surgeon	:	Dr. G. G	Start Time	:	12:28 PM
I Asst. Surgeon	:		End Time	:	12:40 PM
II Asst. Surgeon	:		Dis. Pack	:	
III Asst. Surgeon	:		Diathermy	:	
Anaesthetist	:		C-Arm	:	
OT Nurse	:	Prigya R W	Arthroscopy	:	
Name of Surgery	:	CAS	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

