

SAFETY FIRST

ESI

MHI/DP/2022/104



BILLING CARD



Patient Name

Mrs. SHANTHI(ESI)

44/Female/MHI202483848

28/05/2024/IPH2024001274

Dr.K.JAISHANKAR

IP No.

Room No.

R2



FEE DETAILS

Rent Per Day

D.O.A. 28/5/24 Time 10:27 AM

Date	Time	From	To	Nurse's Signature
28/05/24	10:27	ADMISSION	PC	[Signature]
28/05/24	11:28	PC	Cath lab	[Signature]
28/5/24	12:25	Cath lab	PC	[Signature]

OPERATION THEATRE

Date	: 28/5/24	OT No.	: Cath lab
Surgeon	: DR. Jaishankar	Start Time	: 11:40
I Asst. Surgeon	:	End Time	: 12:05
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/A Priya	Arthroscopy	:
Name of Surgery	: CAG	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]