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MHI/DP/2022/104



BILLING CARD



SAFETY FIRST

Patient Name Mr. DIPAK BARIK (ESI)
IP No. 40/Male/MHI202483855
Room No. RL
23/05/2024/IPH2024001237
Dr. K. JAISHANKAR

D.O.A. 23/5/24 Time 9:42 AM

TRANSFER DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
23/5/24	9:44 AM	Admission	RL	Dr. P.
23/5/24	13:50	RL	Cath lab.	Dr. P.
23/5/24		Cath lab.	RL	Dr. P.

OPERATION THEATRE

Date	: 23.5.24	OT No.	: 156
Surgeon	: Dr. J.	Start Time	: 2.50 PM
I Asst. Surgeon	:	End Time	: 3.12 PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: Prigya RLW	Arthroscopy	:
Name of Surgery	: Cath.	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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