

Ref E81

ESI

CAG

MHI/DP/2022/104

BILLING CARD



Patient Name Mr. Murugan P. SAFETY FIRST

D.O.A. 15/5/24 Time 10.52A

IP No. _____

Room No. RL

TRA Dr. G. GNANAVELU

Per Day _____

Date	Time	From	To	Nurse's Signature
15/5/24	10:53	Room	RL	RL
15/5/24	13:33	RL	CATH LAB	RL
15/5/24	14:30	CATH LAB	RL	RL

OPERATION THEATRE

Date : <u>15/5/24</u>	OT No. : <u>CATH LAB - I</u>
Surgeon : <u>Dr. Gnanavelu. G</u>	Start Time : <u>13:45</u>
I Asst. Surgeon : _____	End Time : <u>14:05</u>
II Asst. Surgeon : _____	Dis. Pack : _____
III Asst. Surgeon : _____	Diathermy : _____
Anaesthetist : _____	C-Arm : _____
OT Nurse : <u>RL - priya</u>	Arthroscopy : _____
Name of Surgery : <u>CAG</u>	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

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