

Ref ESI

ESI

CSE

MHI/DP/2022/104



## BILLING CARD

SAFETY FIRST

Patient Name Ms. ROSELIN

Mrs. ROSELIN (ESI)

D.O.A. 15/5/24 Time 10.59 AM

IP No. \_\_\_\_\_

52/Female/MHI202483916

15/05/2024/IPH2024001181

Room No. RL

Dr.G. GNANAVELU

Rent Per Day \_\_\_\_\_

| Date    | Time  | Fr        |          | Nurse's Signature  |
|---------|-------|-----------|----------|--------------------|
| 15/5/24 | 10.59 | Admission | A        | <i>[Signature]</i> |
| 15/5/24 | 12.40 | RL        | cath lab | <i>[Signature]</i> |
| 15/5/24 | 13.40 | CATH LAB  | RL       | <i>[Signature]</i> |
|         |       |           |          |                    |
|         |       |           |          |                    |
|         |       |           |          |                    |

## OPERATION THEATRE

|                   |                    |                                       |              |
|-------------------|--------------------|---------------------------------------|--------------|
| Date              | : 15/05/24         | OT No.                                | : CATH LAB-I |
| Surgeon           | : Dr. Gnanavelu. G | Start Time                            | : 13.00      |
| I Asst. Surgeon   | :                  | End Time                              | : 13.30      |
| II Asst. Surgeon  | :                  | Dis. Pack                             | :            |
| III Asst. Surgeon | :                  | Diathermy                             | :            |
| Anaesthetist      | :                  | C-Arm                                 | :            |
| OT Nurse          | : R/n. Priya       | Arthroscopy                           | :            |
| Name of Surgery   | : CAOT             | Laproscopy                            | :            |
|                   |                    | Sevoflurane / Isoflurane              | :            |
|                   |                    | Inj. Fentanyl : 2ml 10ml/inj. monphi: | :            |
|                   |                    | Others                                | :            |

## MONITOR

## INFUSION PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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## OXYGEN

## SYRINGE PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
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## ALPHA BED

## SCD PUMP

## VENTILATOR

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
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