

Ref/ESI

ESI

CAG

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST

Patient Name **Mr. ETTIYAPPAN .M(ESI)**

59 / Male / MHI202484001

IP No. 22/05/2024 / IPH2024001230

Room No. Dr. G. GNANAVELU



D.O.A. 22/5/24 Time 10:37 AM

Rent Per Day PL

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
22/05/24	10:37 AM	ADMISSION	PL	<i>[Signature]</i>
22/05/24	11:30	RI	Cath lab	<i>[Signature]</i>
22/05/24	12:05	CATH LAB	PL	<i>[Signature]</i>

OPERATION THEATRE

Date :	OT No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	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

