

Ref
ESI

ESI

CAG

MHI/DP/2022/104



BILLING CARD



Patient Name

Mr.GNANAM M (ESI)

76/Male/MHI202484002

22/05/2024/IPH2024001231

IP No.

Dr.G. GNANAVELU

Room No.



TRANSFER DETAILS

Rent Per Day

RL

D.O.A. 22/5/24 Time 10/47 AM

Date	Time	From	To	Nurse's Signature
22/05/24	10:47 AM	ADMISSION	RL	[Signature]
22/05/24	11:45 AM	RL	Cath lab	[Signature]
22/05/24	13:50	Cath Lab	RL	[Signature]

OPERATION THEATRE

Date	: 22.05.24	OT No.	: Cath Lab
Surgeon	: Dr. GGS	Start Time	: 1:00 PM
I Asst. Surgeon	:	End Time	: 1:25 PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: Princy RIN	Arthroscopy	:
Name of Surgery	: [Signature]	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

