

Ref:ESI

ESI

CAG

MHI/DP/2022/104



BILLING CARD



Patient Name

Mr. SAMBANDAM K (ESI)

75/Male/MHI202484280

10/06/2024 (PH2024001390)

SAFETY FIRST

D.O.A. 10/6/24 Time 11/143Am

IP No. _____

Dr. G. GNANAVELU

Room No. _____



TRANSFER DETAILS

Rent Per Day

pe

Date	Time	From	To	Nurse's Signature
10/6/24	12:00	FO	RL	Shm-0182
10/6/24	13:00	RL	CATH LAB	Shm-0182
10/6/24	14:35	CATH LAB	RL	Shm-0182

OPERATION THEATRE

Date	: 10/6/24	OT No.	: CATH LAB-2
Surgeon	: Dr. Gnanavelu-67	Start Time	: 13:50
I Asst. Surgeon	:	End Time	: 14:20
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N- Abinaya	Arthroscopy	:
Name of Surgery	: CAP	Laprosopy	:
		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

[illegible]