

Ref: ESI



CAG

MHI/DP/2022/104



BILLING CARD

FETY FIRST



Patient Name

Mr. MURUGESAN SONAIYAN (ESI)
 13/Male/MHI202484547
 12/07/2024/PH2024001553
 Dr. K. JAISHANKAR

IP No.

Room No.

D.O.A. 02/7/24 Time 9:35 AM

TRANSFER DETAILS

Rent Per Day PL

Date	Time	From	To	Nurse's Signature
21/7/24	9:35	RD	RL	My 24/7
21/7/24	10:40	RL	CATH	My 24/7
2/7/24	12:00	CATH Lab	RL	My 24/7

OPERATION THEATRE

Date	: 02/07/24	OT No.	: CATH LAB I
Surgeon	: Dr. Jaishankar	Start Time	: 11:35
I Asst. Surgeon	:	End Time	: 11:50
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: P/N Priya	Arthroscopy	:
Name of Surgery	: CAG	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

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