

ESI

CAG  
MHI/DP/2022/104

Mr. NARAYANASAMY KRISHNAN

65/Male/MHI202484649

08/07/2024/1PH2024001586

Patient Name

Dr. G. GNANAVELU

IP No.



BILLING CARD

SAFETY FIRST



D.O.A. 08/7/24 Time 10:07AM

Room No.

TRANSFER DETAILS

Rent Per Day

RL

| Date   | Time    | From      | To       | Nurse's Signature |
|--------|---------|-----------|----------|-------------------|
| 8/7/24 | 10:07AM | ADMISSION | RL       | [Signature]       |
| 8/7/24 | 10:55   | RL        | CATH LAB | [Signature]       |
| 8/7/24 | 12:20   | CATH LAB  | RL       | [Signature]       |
|        |         |           |          |                   |
|        |         |           |          |                   |
|        |         |           |          |                   |

## OPERATION THEATRE

|                   |                      |                                       |               |
|-------------------|----------------------|---------------------------------------|---------------|
| Date              | : 08/7/24            | OT No.                                | : CATH LAB-11 |
| Surgeon           | : Dr. Gnanavelu - 67 | Start Time                            | : 11:45       |
| I Asst. Surgeon   | :                    | End Time                              | : 12:10       |
| II Asst. Surgeon  | :                    | Dis. Pack                             | :             |
| III Asst. Surgeon | :                    | Diathermy                             | :             |
| Anaesthetist      | :                    | C-Arm                                 | :             |
| OT Nurse          | : R/n. Abhinaya      | 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 |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

