

ESI

CAG

MHI/DP/2022/104



Mrs. KAMATCHI (ESI)  
58/Female/MHI202484650  
08/07/2024/PH2024001585

# BILLING CARD

## SAFETY FIRST



Patient Name

Dr. G. GNANAVELU

D.O.A. 08/11/24 Time 10:01 AM

IP No.

Room No.

## TRANSFER DETAILS

Rent Per Day

RL

| Date   | Time  | From      | To       | Nurse's Signature |
|--------|-------|-----------|----------|-------------------|
| 8/7/24 | 10:01 | ADMISSION | RL       | O. Sivas          |
| 8/7/24 | 10:45 | RL        | Cath Lab | O. Sivas          |
| 8/7/24 | 11:37 | CATH LAB  | RL       | O. Sivas          |
|        |       |           |          |                   |
|        |       |           |          |                   |

## OPERATION THEATRE

|                   |                    |                                       |                 |
|-------------------|--------------------|---------------------------------------|-----------------|
| Date              | : 08/07/24         | OT No.                                | : CATH LAB - 11 |
| Surgeon           | : Dr. Gnanavelu. G | Start Time                            | : 11:05         |
| I Asst. Surgeon   | :                  | End Time                              | : 11:25         |
| II Asst. Surgeon  | :                  | Dis. Pack                             | :               |
| III Asst. Surgeon | :                  | Diathermy                             | :               |
| Anaesthetist      | :                  | C-Arm                                 | :               |
| OT Nurse          | : R/r. 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 |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
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|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

## OXYGEN

## SYRINGE PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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|      |       |      |            |      |       |      |            |

## ALPHA BED

## SCD PUMP

## VENTILATOR

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
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[illegible]