

Ref: ESI



LL

CAG

MHI/DP/2022/104



BILLING CARD
SAFETY FIRST



Patient Name Mrs. VIJAYA S (ESI)
62/Female, MHI202484775
IP No. 15/07/2024/1PH2024001645
Room No. Dr. K. JAISHANKAR

D.O.A. 15/7/24 Time 9:27 AM

TRANSFER DETAILS Rent Per Day RL

Date	Time	From	To	Nurse's Signature
15/7/2024	9:28	ADMISSION	RL	A/084
15/7/2024	10:32	RL	CATH LAB	15/0318
15/7/2024	11:35	CATH LAB	RL	K2002

OPERATION THEATRE			
Date	: 15/7/24	OT No.	: CATH LAB II
Surgeon	: Dr. K. Jaishankar	Start Time	: 11:00
I Asst. Surgeon	:	End Time	: 11:15
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N Bhavani	Arthroscopy	:
Name of Surgery	: CAG	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

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