

Ref
ESI



CAG

MHI/DP/2022/104



Mrs. KAMATCHI (ESI)
58/Female: MHI202484650
08/07/2024/1PH2024001585
Dr. G. GNANAVELU



BILLING CARD

SAFETY FIRST




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

Ben Rose RL

Patient Name _____

IP No. _____

Room No. _____

TRANSFER DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
8/7/24	10:01	ADMISSION	RL	<i>O. Sivas</i>
8/7/24	10:45	RL	CATH LAB	<i>O. Sivas</i>
8/7/24	11:37	CATH LAB	RL	<i>O. Sivas</i>

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. Abinaya	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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