

RF
ESI

ESI

CAG
MHI/DP/2022/104

BILLING CARD

SAFETY FIRST



Patient Name

Mr. MANI S (ESI)

59/Male/MHI202484945

24/07/2024/1P112024001724

IP No.

Dr. K. JAISHANKAR

Room No.



D.O.A. 24/7/24 Time 9.56 AM

TRANSFER DETAILS

Rent Per Day R2

Date	Time	From	To	Nurse's Signature
24/7/24	9.56	Admission	RI	[Signature]
24/7/24	10.55	RI	Cath Lab.	[Signature]
24/7/24	11.50	Cath Lab.	RI	[Signature]

OPERATION THEATRE

Date	: 24-07-24	OT No.	: Cath Lab
Surgeon	: Dr. J.	Start Time	: 11.15 AM
I Asst. Surgeon	:	End Time	: 11.30 AM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: Priya RN	Arthroscopy	:
Name of Surgery	: Ess	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

[illegible]