

Ref: ES1



CAG

MHI/DP/2022/104



BILLING CARD



Patient Name: Mrs. EIANRAKAE E [ESI]
62/Female/MHI202485178
09/08/2024/1PH2024001336
IP No. Dr. G. GNANAVELU
Room No.

D.O.A. 09/08/24 Time 10:41 AM

PC

TRANSFER DETAILS

Rent Per Day

Date	Time	From	To	Nurse's Signature
9/8/24	10:55	FO	RL	
9/8/24	11:45	RL	Cath Lab	
9/8/24	12:45	Cath Lab	RL	

OPERATION THEATRE

Date	: 9/8/2024	OT No.	: Cath Lab - I
Surgeon	: DR. Gnanavelu	Start Time	: 11:50
I Asst. Surgeon	:	End Time	: 12:20
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N priya	Arthroscopy	:
Name of Surgery	: Cath	Laproscoy	:
		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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