

Ref: ESI



CAG

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name _____

Mrs. INDHIRANI DEIVASIGAMAN

69/Female MHI202485219

12/08/2024/1P112024001853

Dr. G. GNANAVELU



IP No. _____

Room No. _____

D.O.A. 12/8/24 Time 10:26 AM

TRANSFER DETAILS

Rent Per Day _____ RL

Date	Time	From	To	Nurse's Signature
12/8/24	10:26	ADMISSION	RL	RL
12/8/24	11:40 AM	RL	Cath Lab	Shel
12/8/24	13:15	Cath Lab	RL	RL

OPERATION THEATRE

Date	: 12-08-24	OT No.	: Cath Lab
Surgeon	: Dr. GG	Start Time	: 12:40 PM
I Asst. Surgeon	:	End Time	: 1 PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: Priya RW	Arthroscopy	:
Name of Surgery	: Laparoscopy	Laparoscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. morphine	:
		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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