

Ref: ESI

ESI

CAG

MHI/DP/2022/104



BILLING CARD



Patient Name: **Mr. PARTHASARTHY**
54/Male/MHI202485302
IP No. 19/08/2024/1P12024001902
Room No. Dr. G. GNANAVATHU

D.O.A. 19/8/24 Time 10.21 AM

TRANSFER DETAILS Rent Per Day Rs

Date	Time	From	To	Nurse's Signature
19/8/24	10:25	Adm	RL	[Signature]
19/8/24	11:15	RL	Cath Lab	[Signature]
19/8/24	12:45	Cath Lab	RL	[Signature]

OPERATION THEATRE

Date	:	19/8/24	OT No.	:	Cath Lab
Surgeon	:	Dr. Gs	Start Time	:	12:05 PM
I Asst. Surgeon	:		End Time	:	12:20 PM
II Asst. Surgeon	:		Dis. Pack	:	
III Asst. Surgeon	:		Diathermy	:	
Anaesthetist	:		C-Arm	:	
OT Nurse	:	Prig. Ran	Arthroscopy	:	
Name of Surgery	:	CAS	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

SC.

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]