

ESI

6227322



CAG  
MHI/DP/2022/104



# BILLING CARD



Patient Name

Mr. RAMESH S(ESI)

44/Male/MHI202485345

21/08/2024/1P112024001924

IP No.

Dr. G. GNANAVELU

Room No.

D.O.A. 21/8/24 Time 10:01 AM

## RANSFER DETAILS

Rent Per Day RL

| Date    | Time  | From     | To   | Nurse's Signature |
|---------|-------|----------|------|-------------------|
| 21/8/24 | 10:05 | FO       | RI   | SYOZHA            |
| 21/8/24 | 10:40 | RI       | CATH | SYOZHA            |
| 21/8/24 | 11:20 | CATH LAB | RL   | Ro004             |
|         |       |          |      |                   |
|         |       |          |      |                   |
|         |       |          |      |                   |

## OPERATION THEATRE

|                   |                    |                                       |               |
|-------------------|--------------------|---------------------------------------|---------------|
| Date              | : 21/08/24         | OT No.                                | : CATH LAB II |
| Surgeon           | : Dr. Gnanavelu. G | Start Time                            | : 10:45       |
| I Asst. Surgeon   | :                  | End Time                              | : 11:10       |
| II Asst. Surgeon  | :                  | Dis. Pack                             | :             |
| III Asst. Surgeon | :                  | Diathermy                             | :             |
| Anaesthetist      | :                  | C-Arm                                 | :             |
| OT Nurse          | : R/n. priya       | 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 |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
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|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

## OXYGEN

## SYRINGE PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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|      |       |      |            |      |       |      |            |

## ALPHA BED

## SCD PUMP

## VENTILATOR

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
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[illegible]