

ESI

CAG

MHI/DP/2022/104

BILLING CARD



Patient Name

Mrs. S. S. S. S. (ESI)

68/Female/MHI202485932

28/09/2024/IP112024002283

IP No.

Dr. K. JAISHANKAR

Room No.

D.O.A. 28/9/24 Time 9:50 AM

TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
28/9/24	9:58	front office	RL	RP
28/9/24	10:46	RL	CATH LAB	RP
28/9/24	11:45	CATH LAB	RL	RP

OPERATION THEATRE

Date	: 28/09/24	OT No.	: CATH LAB-II
Surgeon	: Dr. Jaishankar K	Start Time	: 11:05
I Asst. Surgeon	:	End Time	: 11:30
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

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]