

ESI

CAG

MHI/DP/2022/104



BILLING CARD



Patient Name

Mr. ANANDAN (ESI)

50/Male/MHI202486025

26/09/2024/1P112024002275

IP No.

Dr. K. JAISHANKAR

Room No.



TRANSFER DETAILS

Rent Per Day

RL

D.O.A. 26/9/24, Time 10.56 AM

Date	Time	From	To	Nurse's Signature
26/9/24	11:00	Front office	RL	Dr. 0345
26/9/24	11:30	RL	Cath lab	Dr. 0345
26/9/24	12:30	Cath lab	RL	Dr. 0345

OPERATION THEATRE

Date	: 26/9/24	OT No.	: Cath lab II
Surgeon	: Dr. Jaishankar	Start Time	: 11:50
I Asst. Surgeon	:	End Time	: 12:10
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: Rln. priya	Arthroscopy	:
Name of Surgery	: CAG	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. morphi:	:
		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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