

Ref's ESI

ESI

CAY

MHI/DP/2022/104



BILLING CARD
SAFETY FIRST



Patient Name _____

Mr. GANESH G (ESI)
45/Male/MHD02486275
09/10/2024/1P112(24002390)
Dr. G. GNANAVEELU

D.O.A. 09/10/24 Time 10:46 PM

IP No. _____

Room No. _____

TRANSFER DETAILS

Rent Per Day _____ RL

Date	Time	From	To	Nurse's Signature
9/10/24	10:46	Admission	RL	[Signature]
9/10/24	11:35	RL	CATH	[Signature]
9/10/24	12:30	Cath	RL	[Signature]

OPERATION THEATRE

Date : <u>9/10</u>	OT No. : <u>Cath cath - I</u>
Surgeon : <u>Dr. Gnanavelu</u>	Start Time : <u>12:00 PM</u>
I Asst. Surgeon :	End Time : <u>12:26 PM</u>
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse : <u>Rtn panchawasin</u>	Arthroscopy :
Name of Surgery : <u>CATH</u>	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]