



CAG

MHI/DP/2022/104

**BILLING CARD**

Patient Nar

Mr. JOHN SAHAYA NIXON M

50/Male/MHI202370622

08/08/2024/1PH2024001327

IP No. _____

Dr. G. GNANAVELU

Room No. _____



D.O.A. 8/8/24 Time 10:45 AM

TRANSFER DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
8/8/24	10:45	Admission	RI	all eng
8/8/24	11:10	RI	CATH LAB	all eng
8/8/24		CATH LAB	RL	all eng

OPERATION THEATRE

Date	: 08/08/24	OT No.	: CATH LAB - I
Surgeon	: Dr. Gnanavelu. G	Start Time	: 12:10
I Asst. Surgeon	:	End Time	: 12:30
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/n. priya	Arthroscopy	:
Name of Surgery	: LALY	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

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