



Ms.KRISHNAVENI .P
55/Female/MHI202375377

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01/08/2024;1P12024001778

Dr.G. GNANAVELU



BILLING CARD

SAFETY FIRST



D.O.A. 51/08/24 Time 01:56 pm

Patient Name _____

IP No.

Room No. _____

TRANSFER DETAILS

Rent Per Day

Date	Time	From	To	Nurse's Signature
1/8/24	13:50	ADMISSION	RL	WJG299
1/8/24	14:57	RL	CATH LAB	WJG299
1/8/24	15:40	CATH LAB	RL	WJG299

OPERATION THEATRE

OPERATION THEATRE	
Date : 1/8/24	OT No. : Cath Lab D
Surgeon : Dr. Gnanavelu	Start Time : 15.00
I Asst. Surgeon :	End Time : 15.10
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse : R/N Abinaya	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

[illegible]

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]