

DR. GNANAVELU

SELF

CAG

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name **Mr. SREERAMULU**

70/Male/MHI202375441

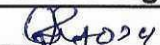
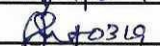
IP No. **Dr. G. GNANAVELU**

Room No. 

D.O.A. 7/10/24 Time 3.34 PM

RANSFER DETAILS

Rent Per Day Rs

Date	Time	From	To	Nurse's Signature
7/10/24	15:35	Adm	RL	
7/10/24	15:55	RL	Cath lab	
7/10/24	4:50	Cath lab	RL	

OPERATION THEATRE

Date	: 7/10/24	OT No.	: Cath lab
Surgeon	: Dr. G. G. V.	Start Time	: 4.15 PM
I Asst. Surgeon	:	End Time	: 4.30 PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: Bhargavani RN	Arthroscopy	:
Name of Surgery	: Check Cms	Laprosopy	:
		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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