

Ref by
Dr. Gnanaavelu

SELF

CAG

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name **Mrs. MUTHULAKSHMI**
62/Female/MHI202377832
14/05/2024/IPH2024001169
IP No. **Dr. G. GNANA VELU**
Room No. **R**

D.O.A. **14/5/24** Time **11:59 AM**

TRANSFER DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
14/5/24	11:59	Admission	RL	[Signature]
14/5/24	13:05	RL	CATH LAB	[Signature]
14/5/24	14:20	CATH LAB	RL	[Signature]

OPERATION THEATRE

Date	: 14/05/24	OT No.	: CATH LAB-II
Surgeon	: Dr. Gnanaavelu. UT	Start Time	: 13:50
I Asst. Surgeon	:	End Time	: 14:10
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/n. Bavadharani	Arthroscopy	:
Name of Surgery	: CAUT	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

