

Ref CPT

CPT

CPT

MHI/DP/2022/104



Mr. KALIYAPERUMAL A (CPT)
 S7/Male/MHI202378138
 16/08/2024/1P112024001888
 Dr. G. GNANAVEILU

BILLING CARD



Patient Name _____ D.O.A. 10/44 Time _____
 IP No. _____
 Room No. RL **TRANSFER DETAILS** Rent Per Day RL

Date	Time	From	To	Nurse's Signature
16/8/24	12.00	RL	CATH LAB	<u>Dr</u>
16/8/24	13.20	Cath Lab	RL	

OPERATION THEATRE

Date :	16/8/24	OT No. :	Cath Lab
Surgeon :	Dr. GG	Start Time :	12.45
I Asst. Surgeon :		End Time :	13.00
II Asst. Surgeon :		Dis. Pack :	
III Asst. Surgeon :		Diathermy :	
Anaesthetist :		C-Arm :	
OT Nurse :	RN Am.	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

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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