

BILLING CARD



Patient Name

Mrs. MANJU BAI

68/Female/MHI202380201

24/09/2024:1P112024002256

D.O.A. 24/09/24 Time 11:57 AM

IP No. _____

Room No. _____

Dr. G. GNANAVELU

TRANSFER DETAILS

Rent Per Day

RL

Date	Time	From	To	Nurse's Signature
24/9/24	11.54	Admission		
24/9/24	14.10.		Call Room.	
24/9/24	15.20.	CATH LAB	PL	

OPERATION THEATRE

Date	: 24/9/24	OT No.	: CATH LAB - II
Surgeon	: Dr. Gnanavelu. G	Start Time	: 15.00
I Asst. Surgeon	:	End Time	: 15.15
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/n. Abinaya	Arthroscopy	:
Name of Surgery	: CAU	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. morphi:	:
		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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