REFF. DR. MOHANRAJ

Self Pay.

MH/IP/2022/104

BILLING CARD

Closed

Mr.GOWTHAMAN

Patient Name RL

IP No.

Room No.

D.O.A. 01/12/23 Time 10:30A

Rent Per Day

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
1/12/23	10-30	Ergo to office	RL	
1/12/23	12-45	RL	cath	
1/12/23	14.00	Cath lab	RL	

OPERATION THEATRE

Date	: 1/12/23	OT No.	: Cath lab
Surgeon	: DR. Gnanavelu	Start Time	: 13.20
I Asst. Surgeon	:	End Time	: 13.40
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: Ehl Sandhiya.	Arthroscopy	:
Name of Surgery	: CAG	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/Inj. Morphine
		Others	:

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	D

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 669 /Sw H RETURNS CHECKED :	

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES : Skin Preparation Done on 9/12/23

Admission Officer :

Sister In-charge