

Ref
Dr. G. G

CM SCHEME

PTCA

MHI/DP/2022/104



BILLING CARD



Patient Name _____
IP No. _____
Room No. _____

Mr. AMANULLAH (CM SCHEME)
54/Male/MHI202483175
29/04/2024/IPH2024001039
Dr. G. GNANAVELU

D.O.A. 29/4/24 Time 12:23pm

TRANSFER DETAILS

Rent Per Day GK

Date	Time	From	To	Nurse's Signature
29/4/24	13:00	Admission	204 A	
30/4/24	12:50	11th floor 204A	CATH LAB	
30/4/24	16:55	Cath Lab	CCU	
11/5/24	11:40	CCU	11th Floor 204A	

OPERATION THEATRE

Date	: 30/4/24	OT No.	: Cath Lab-4
Surgeon	: Dr. Gnanavelu	Start Time	: 15:30
I Asst. Surgeon	:	End Time	: 16:25
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: RN. Sandhiya	Arthroscopy	:
Name of Surgery	: PTCA	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. monphi:	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
30/4/24	16:55	11/5/24	11:40				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE

OPERATION THEATRE	
Date :	OT. No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date _____

LABORATORY

01/05/2024 Sy. Urea, Sy. creatinine (5H76)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER							
30/11/24	ECG 1 (5458)						
01/05/24	ECG ① (5496)						
02/05	X-Ray chest						
	ECG - } 5535						
CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
29/11/24	1						
30/11/24	1+1						
30/11/24	1 (5458)						
01/05/2024	① (5496)						
11/12/24	1+1						
21/12/24	1+1						
Date	PHYSIOTHERAPY						
NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

