

Ref by
Dr. Gnanavelu

SELF

CAG

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name _____

IP No. _____

Room No. RL

Mrs. RAMANI

48/Female/MHI202483363

15/05/2024/IPH2024001176

Dr. G. GNANAVELU

D.O.A. 15/5/24 Time 9:59 AM

Rent Per Day _____

Date	Time		To	Nurse's Signature
15/5/24	10:00 am	ADMISSION	RL	
15/5/24	12:30 pm	RL	RL	
15/5/24	13:20	Cath lab	RL	

OPERATION THEATRE

Date	: 15/5/24	OT No.	: Cath lab
Surgeon	: Dr. Gnanavelu	Start Time	: 12.45
I Asst. Surgeon	:	End Time	: 13.05
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: N/A Bhatnagar	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

