

Ref
Lab

Self

CAG

MHI/DP/2022/104

SAFETY FIRST

BILLING CARD



Mr. GURUMOORTHY V S

60/Male/MHI202483373

08/05/2024/IPH2024001116

Dr. G. GNANAVELU



Patient Name

D.O.A. 08/5/24 Time 10:30AM

IP No.

Room No.

CHARGE DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
8/5/24	10:30	Admission	RL	[Signature]
8/5/24		RL	Cath Lab	[Signature]
8/5/24	17:40	Cath Lab	RL	[Signature]

OPERATION THEATRE

Date	: 8/5/24	OT No.	:	Cath Lab - 8
Surgeon	: Dr. Gnanavelu	Start Time	:	17:05
I Asst. Surgeon	:	End Time	:	18:20
II Asst. Surgeon	:	Dis. Pack	:	
III Asst. Surgeon	:	Diathermy	:	
Anaesthetist	:	C-Arm	:	
OT Nurse	: RLN. Panchavarnam	Arthroscopy	:	
Name of Surgery	: CAU	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

[illegible]