

Ref: 1. Jatin.

HT-161 COM
WT-44.

CM SCHEME

DCS change on 26/04
PTCA

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name **Mrs. PARAMESHWARI (CM SCHI)**
42/ Female/ MHI202483+37
22/05/2024/ IPH2024001233
IP No. **Dr. G. GNANAVELU**
Room No.

D.O.A. **22/05/24** Time **11:15 AM**
Rent Per Day **207 (A)**

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
22/5/24	11:55	ADMISSION	2nd floor 207R	ES
24/5/24	13:45	2nd floor 207 (B)	cath lab	ES
24/5/24	15:20	CATH LAB	CCU	R. 2004
25/5/24	10:15	CCU	104 'A'	ES

OPERATION THEATRE

Date	: 24/5/24	OT No.	: cath lab II
Surgeon	: Dr. Gnanavelu	Start Time	: 14:20
I Asst. Surgeon	:	End Time	: 15:00
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/n Sandhya	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
24/5/24	15:20	25/5/24	10:15				

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	
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 :

LABORATORY

Urea, creatinine (6634)

2✓

G 13 ✓

G 13 ✓

G 13 ✓

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

State Code	:	33
Place Of Supply	:	TAMILNADU
GSTIN	:	33AAMCA2113K1ZY

State Code	:	33
Place Of Supply	:	TAMILNADU
GSTIN	:	33AAMCA2113K1ZY

DL NO : N.A

User Name