

Dr. Gnanavelu
Medical Management
MH/DP/2022/104

SELF Discharge on 15/7/24



BILLING CARD
SAFETY FIRST



Patient Name Mrs. Pavalakodi

D.O.A. 14/07/24 time 23:05

IP No. 82/Female/MH1202483574

203-*

Room No. 14/07/2024/PH2024001641

Dr. G. GNANAVELU

TRANSFER DETAILS

Rent Per Day _____

Date		To	Nurse's Signature
14/7/24	11:50	ADMISSION 9th Floor C203-A	Sub

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 : 2ml 10ml/inj. morphi:
	Others :

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
14/7/24							

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE

[illegible]

ECG / ECHO / X-RAY / USG / CT

CBG (H)

ABG

Date _____

OTHERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

[illegible]