

Ref
Dr. G.G

Self

CAG

MHI/DP/2022/104



BILLING CARD



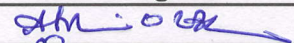
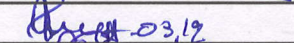
Mr. RAVI KUMAR M S
59/Male/MHI202483723
03/05/2024/IPH2024001076
Dr. G. GNANAVELU


Patient Name _____
IP No. _____
Room No. _____

D.O.A. 03/5/24 Time 10:02 AM

Rent Per Day RL

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
3/5/24	10:10	FO	RL	
3/5/24	12:50	RL	Cath lab -	
3/5/24	13:50	Cath lab	RL	

OPERATION THEATRE

Date :	<u>3/5/24</u>	OT No. :	<u>Cath lab</u>
Surgeon :	<u>Dr. Gnanavelu</u>	Start Time :	<u>12:20</u>
I Asst. Surgeon :		End Time :	<u>13:35</u>
II Asst. Surgeon :		Dis. Pack :	
III Asst. Surgeon :		Diathermy :	
Anaesthetist :		C-Arm :	
OT Nurse :	<u>R/N Bavitharani</u>	Arthroscopy :	
Name of Surgery :	<u>CAG</u>	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

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