



BILLING CARD



Patient Name	03/05/2024/IPH2024001077
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IP No. Dr.G. GNANAVELU

Room No.

D.O.A. 3/8/24 Time 10:13am

RL

TRANSFER DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
3/5/24	10:20	FO	RL	✓ M-0282
3/5/24	13:15	RL	Cath Lab	✓ 02319
3/5/24	14:5	Cath Lab	RL	✓ 02016

OPERATION THEATRE

Date :	8/5/24	OT No. :	13.40 Lab
Surgeon :	DR. Ganavelu	Start Time :	13.40
I Asst. Surgeon :		End Time :	14.00
II Asst. Surgeon :		Dis. Pack :	
III Asst. Surgeon :		Diathermy :	
Anaesthetist :		C-Arm :	
OT Nurse :	R/N Bawatharini	Arthroscopy :	
Name of Surgery :	CAG	Laproscopey :	
		Sevoflurane / Isoflurane :	
		Inj. Fentanyl : 2ml 10ml/inj. monphi:	
		Others :	

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

[illegible]

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

