



CA9 + TEE

MHI/DP/2022/104



BILLING CARD

Patient Name Mr. RAMBAHADURKAHAR (ESI)

34/Male/MHI202483764

07/05/2024/IPH2024001106

IP No. Dr.G. GNANAVELU

Room No. _____



TRANSFER DETAILS

Rent Per Day _____

D.O.A. 07/5/24 Time 11.00 AM

R.L

Date	Time	From	To	Nurse's Signature
7/5/24	11:00	Admission	PL	PL
7/5/24	12:03	PL	Cath Lab	PL
7/5/24	13:15	Cath Lab	PL	PL

OPERATION THEATRE

Date	: 7/5/24	OT No.	: Cath Lab II
Surgeon	: Dr. Gnanavelu	Start Time	: 12.35
I Asst. Surgeon	:	End Time	: 12.50
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N Abinaya	Arthroscopy	:
Name of Surgery	: CAG	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]

CROSS MATCHING :