

Ref.
Dr. Vidhiy
main Hospital

Self

CAG

MHI/DP/2022/104



BILLING CARD



Patient Name

IP No.

Room No.

Mr. RAVI . K

62/Male/MHI202483797

08/05/2024/IPH2024001118

Dr.G. GNANAVELU



D.O.A. 08/5/24

Time 10:46 AM

ER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
8/5/24	10.45	ADMISSION	RL	[Signature]
8/5/24	14:00	RL	CATH LAB	[Signature]
8/5/24	14.45	CATH LAB	RL	[Signature]

OPERATION THEATRE

Date	: 8/5/24	OT No.	: CATH LAB - II
Surgeon	: Dr. Gnanavelu	Start Time	: 14.15
I Asst. Surgeon	:	End Time	: 14.35
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: RLN. Cathiys	Arthroscopy	:
Name of Surgery	: CATH	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

