

Ref: Natesderan

Self

CAG

MHI/DP/2022/104



BILLING CARD



Patient Name

Mrs.UMA MAHESHWARI.K

55/Female/MHI202483806

08/05/2024/IPH2024001123

IP No.

Dr.G. GNANAVELU



Room No.

D.O.A. 8/5/24 Time 11:23AM

TRANSFER DETAILS

Rent Per Day

pc

Date	Time	From	To	Nurse's Signature
8/5/24	11:25	APM	RL	
8/5/24	13:30	RL	CATH LAB	My use.

OPERATION THEATRE

Date	: 8/5/24	OT No.	: cath lab
Surgeon	: Dr. Gnanaavelu	Start Time	: 13:30
I Asst. Surgeon	:	End Time	: 14:10
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: RN. Sathya	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

