

Ref
Dr. Shuman

Self

CAG

MHI/DP/2022/104



BILLING CARD



Patient Name Mr. PARTHASARATHY.V.S

IP No. 49/Male/MHI202483809

Room No. 09/05/2024/IPH2024001134

D.O.A. 9/5/24 Time 11:45pm

Rent Per Day PL

Dr. G. GNANAVELU
49/Male/MHI202483809
09/05/2024/IPH2024001134
Dr. G. GNANAVELU

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature
9/5/24	11:45	ADMISSION	PL	
9/5/24	12:35	PL	CATH LAB	
9/5/24	15:40	CATH LAB	RL	

OPERATION THEATRE

Date	: 09/05/24	OT No.	: CATH LAB-II
Surgeon	: Dr. Gnanaavelu. G	Start Time	: 15:00
I Asst. Surgeon	:	End Time	: 15:25
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

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