



BILLING CARD



Patient Name

Mrs. KUPPAMMAL

63/Female/MHI202483815

09/05/2024/IPH2024001130

IP No.

Dr. G. GNANAVELU

Room No.



D.O.A.

Time

TRANSFER DETAILS

Rent Per Day

Date	Time	From	To	Nurse's Signature
9/5/24	10:17	ADMISSION	RL	Ron
9/5/24	13:15	RL	CATH LAB	Ron
9/5/24	15:05	CATH LAB	RL	Ron

OPERATION THEATRE

Date	: 9/5/2024	OT No.	: CATH LAB - II
Surgeon	: Dr. Gnanavelu	Start Time	: 14:25
I Asst. Surgeon	:	End Time	: 14:45
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N Bavatharini	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

