

Ref
Dr. G. Gnanavelu

Self

CAG

MHI/DP/2022/104



BILLING CARD
Mrs. S. ABEEENA BANU S
60/Female/MHI202483837
10/05/2024/IPH2024001143
Dr. G. GNANA VELU



Patient Name _____
IP No. _____

D.O.A. 10-5-24 Time 10:51A.M

Room No. _____

TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
10/5/24	10:51	Admission	RL	
10/5/24	13:40	RL	Cathlab	
10/5/24	14:35	CATH LAB	RL	

OPERATION THEATRE

Date	: 10/05/24	OT No.	: CATH LAB - II
Surgeon	: Dr. Gnanavelu. V	Start Time	: 13:55
I Asst. Surgeon	:	End Time	: 14:20
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N. Sathyaprabha	Arthroscopy	:
Name of Surgery	: CAG	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. morphi:	:
		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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