

BILLING CARD

Patient Name **Mr. BASKAR**
 58/Male/MHI202483844
 13/05/2024/IPH2024001160

IP No. **Dr. G. GNANAVELU**

Room No. _____

D.O.A. **13/5/24** Time **11.07 AM**

TRANSFER DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
13/5/24	11:04	Admission	RL	
13/5/24	13:10	RI	Cathlab	
13/5/24	14:10	CATHLAB	RL	

OPERATION THEATRE

Date	: 13/05/24	OT No.	: CATHLAB-II
Surgeon	: Dr. Gnanaavelu 07	Start Time	: 13:30
I Asst. Surgeon	:	End Time	: 12:55
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/n. Baradharani	Arthroscopy	:
Name of Surgery	: CAU	Laprosopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. morphine	:
		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

