

BILLING CARD

Mr. KUMAR.K
 Patient Name 70/Male/MHI202483879
 13/05/2024/IPH2024001159
 IP No. Dr.G. GNANAVELU
 Room No. RL

D.O.A. 13/5/24 Time 10:52 AM

TRANSFER DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
13/5/24	10:52	Admission	RL	<i>[Signature]</i>
13/5/24	13:50	RL	CATHLAB	<i>[Signature]</i>
13/5/24	14:30	CATHLAB	RL	<i>[Signature]</i>

OPERATION THEATRE

Date	: 13/05/24	OT No.	: CATHLAB-II
Surgeon	: Dr. Gnanavelu. G	Start Time	: 14:05
I Asst. Surgeon	:	End Time	: 14:20
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/n. Bavadhassani	Arthroscopy	:
Name of Surgery	: <u>CAG</u>	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

[illegible]