

Ref by
Dr. Gnanavelu

SELF

CAG

MHI/DP/2022/104



BILLING CARD



Mr. MOHAN SHANMUGAM
Patient Name 63 / Male / MHI202483892
IP No. 13/05/2024 / IPH2024001164
Room No. 2 Dr. G. GNANAVELU

D.O.A. 13/5/24 Time 12:27 PM

TRANSFER DETAILS Rent Per Day _____

Date	Time	From	To	Nurse's Signature
13/5/24	12:27	Admission	RC	[Signature]
13/5/24	13:55	RC	CATH LAB	[Signature]
13/5/24	15:15	CATH LAB	RC	[Signature]

OPERATION THEATRE

Date	: 13/05/24	OT No.	: CATH LAB - II
Surgeon	: Dr. Gnanavelu G	Start Time	: 14:40
I Asst. Surgeon	:	End Time	: 15:00
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/n. Abinaya	Arthroscopy	:
Name of Surgery	: CATH	Laproscopy	:
		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

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