

Ref: Dr. G. G.

SELF

CAG

MHI/DP/2022/104



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BILLING CARD





Mr. RAGHAVAN.K.V

Patient Name 74/Malc/MHI202483907

IP No. 14/05/2024/IPH2024001167

Room No. RL Dr. G. GNANAVELU

D.O.A. 15/4/24 Time 11:02 Am



RANSFER DETAILS Rent Per Day _____

Date	Time	From	To	Nurse's Signature
14/5/24	11:02	Admission	RL	<i>[Signature]</i>
14/5/24	13:02	RL	Cath lab	<i>[Signature]</i>
14/5/24	13:50	Cath lab	RL	<i>[Signature]</i>

OPERATION THEATRE

Date : 14/5/24	OT No. : Cath lab II
Surgeon : Dr. Gnanavelu	Start Time : 13.10
I Asst. Surgeon :	End Time : 13.30
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse : R/n Abinaya	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

