

BILLING CARD
 Patient Name Mr. SEKAR.S.K

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67 / Male / MHI202483915

15/05/2024 / IPH2024001182

Dr.G. GNANAVELU

D.O.A. 15/5/24 Time 11.06 AM

IP No. _____

Room No. RL

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
15/5/24	11:04	ROOM	RL	ALPES
15/5/24	13:40	RL	CATH LAB	
15/5/24	14:10	CATH LAB	RL	SP0016

OPERATION THEATRE

Date	: 15/5/24	OT No.	: CATH LAB
Surgeon	: DR. Gnanavelu	Start Time	: 13:45
I Asst. Surgeon	:	End Time	: 14:05
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N Banatharini	Arthroscopy	:
Name of Surgery	: CAG	Laproscopey	:
		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]