

Ref by
Dr. Gnanavelu



CAR

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name Mr. THANGARAJ(ESI)
67 / Male / MHI202483955
18/05/2024 / IPH2024001203
IP No. Dr. G. GNANAVELU
Room No. R1

D.O.A. 18/5/24 Time 11:08 AM

TRANSFER DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
18/5/24	11:30	ADMISSION	RL	[Signature]
18/5/24	12:05	RL	CATH LAB	[Signature]
18/5/24	13:15	CATH LAB	RL	[Signature]

OPERATION THEATRE

Date	: 18/05/24	OT No.	: CATH LAB-11
Surgeon	: Dr. Gnanavelu. OT	Start Time	: 12:40
I Asst. Surgeon	:	End Time	: 13:05
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/n. prajya	Arthroscopy	:
Name of Surgery	: CATH	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

