

Ref
Dr. Gnanavelu

SELF

CAG

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name Mrs. MALATHI.A

39 / Female / MHI202483999

IP No. 22/05/2024 / IPH2024001229

Dr. G. GNANAVELU

Room No. R2



D.O.A. 22/5/24 Time 10/27 Am

TRANSFER DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
22/05/24	10.27	ADMISSION	RL	Shelli
22/05/24	13:15	RL	Cath lab	Shelli
22/5/24	13:50	CATH LAB	RL	Shelli

OPERATION THEATRE

Date	: 22/05/24	OT No.	: CATH LAB-II
Surgeon	: Dr. Gnanavelu-67	Start Time	: 13:20
I Asst. Surgeon	:	End Time	: 13:40
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/n. Abinaya	Arthroscopy	:
Name of Surgery	: CAUT	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. morphi:	:
		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

