

BILLING CARD SAFETY FIRST



Patient Name _____

IP No. _____

Room No. R2**Mr. MANIKKAM KRISHDHAPPAI**

66 / Male / MHI202484013

23/05/2024/IPH2024001238

Dr. G. GNANA VELU

D.O.A. 23/5/24Time 10:25 Am

NURSE DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
23/5/24	10:25	Admission	PC	[Signature]
23/5/24	12:50	PC	Cath lab	[Signature]
23/5/24	14:15	CATH LAB	RL	[Signature]

OPERATION THEATRE

Date	: 23/5/24	OT No.	: Cath lab II
Surgeon	: Dr. Gnana Velu	Start Time	: 13:30
I Asst. Surgeon	:	End Time	: 14:05
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

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