

Ref
Dr. Gnanaavelu

SAFETY FIRST
SELF

CAG

MHI/DP/2022/104



BILLING CARD



Patient Name _____
IP No. _____
Room No. RL

Mrs. TAMILSELVI V
53/Female/MHI202484047
25/05/2024/IPH2024001250
Dr.G. GNANA VELU

D.O.A. 25/5/24 Time 10/48Am

TRANSFER DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
25/5/24	10:48	ADMISSION	RL	
25/5/24	12:15	RL	Cath lab	
25/5/24	13:25	CATH LAB	RL	

OPERATION THEATRE

Date : <u>25/5/24</u>	OT No. : <u>Cath lab II</u>
Surgeon : <u>Dr. Gnanaavelu</u>	Start Time : <u>12.55</u>
I Asst. Surgeon : _____	End Time : <u>13.10</u>
II Asst. Surgeon : _____	Dis. Pack : _____
III Asst. Surgeon : _____	Diathermy : _____
Anaesthetist : _____	C-Arm : _____
OT Nurse : <u>R/N Bavatharini</u>	Arthroscopy : _____
Name of Surgery : <u>CAG</u>	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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