

SAFETY FIRST
SELF

MHI/DP/2022/104



BILLING CARD



Patient Name

Mr. BUHARI

65/Male/MHI202484087

28/05/2024/IPH2024001278

Dr. G. GNANA VELU

D.O.A. 28/5/24 Time 10:56 AM

IP No.

Room No. R



TRANSFER DETAILS

Rent Per Day

Date	Time	From	To	Nurse's Signature
28/5/24	10:58	Admission	RL	[Signature]
28/5/24	12:21	RL	CATH LAB	[Signature]
28/5/24	13:20	CATH LAB	RL	[Signature]

OPERATION THEATRE

Date	: 28/5/24	OT No.	: CATH LAB-II
Surgeon	: Dr. Gnana Velu. V	Start Time	: 12:50
I Asst. Surgeon	:	End Time	: 13:10
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: Dr. Baradhasoni	Arthroscopy	:
Name of Surgery	: CAG	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

