

SAFETY FIRST

CGHS

CAG

MHI/DP/2022/104



BILLING CARD



Patient Name _____

IP No. _____

Room No. _____

Mr. BALASUBRAMANIAM (CGHS)

79/Male/MHI202484184

05/06/2024/IPH2024001346

Dr. G. GNANAVELU



D.O.A. 5/6/24 Time 10:03 AM

AILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
5/6/24	10:05	FO	RL	Mu-082
5/6/24	12:40	RL	Cath lab	Ami 082
5/6/24	14:20	Cath lab	RL	Don

OPERATION THEATRE

Date : 5/6/2024	OT No. : Cath lab-II
Surgeon : DR. Gnanavelu	Start Time : 13:00
I Asst. Surgeon :	End Time : 13:45
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse : RN Panchavaram	Arthroscopy :
Name of Surgery : CABG	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl : 2ml 10ml/inj. morphine :
	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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