

Dr. Gnanavelu

Self Discharge on 07/06/24
Medical Manager



BILLING CARD

SAFETY FIRST



Patient Name _____
IP No. _____
Room No. 202

Mrs. GUNASUNDARI
62/Female/MHI202484203
04/06/2024/IPH2024001343
Dr. G. GNANAVELU

Ward - 3
D.O.A 4/6/24 Time 4:40 PM
R DETAILS Rent Per Day _____

Date	Time	From	To	Nurse's Signature
4/6/24	17:30	Admission	20:18	Hayeloo

OPERATION THEATRE

Date :	OT No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon : <u>M.M</u>	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	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
4/6/24	17:45	5/6/24	9:00				
5/6/24	13:30	6/6/24	10:00				

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE

Date :	OT. No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

[illegible]

☒ ECG / ☒ ECHO / ☒ X-RAY / ☐ USG /

4/6/24	✓ FCC (7201)
5/6/24	✓ VSA Abdomen (7156)
6/6/24	✓ c-xray PA (BLS) (7196)

CBG

RS | DATE

Date	PHYSIOTHERAPY
-------------	----------------------

NEBULIZER 1A

