

Ref. Dr. G. Gnanavel

Self

CAG

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name _____

Mrs. VIJAYALAKSHMI H

54/Female/MHI202484223

06/06/2024/1PH2024001357

IP No. _____

Dr. G. GNANAVELU

Room No. _____



D.O.A. 06/6/24 Time 10:16 AM

TRANSFER DETAILS

Rent Per Day PL

Date	Time	From	To	Nurse's Signature
06/6/24	10:20	Admission	RI	Rup 0219
6/6/24	13:18	RI	cath lab	Rup 0319
6/6/24	15:00	cath lab	PL	Rup 0219

OPERATION THEATRE

Date : 6/6/24	OT No. : cath lab II
Surgeon : Dr. Gnanavelu	Start Time : 13.50
I Asst. Surgeon :	End Time : 14.30
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse : RN Sandhya	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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