

Ref: DOGB

Self

CAG

MHI/DP/2022/104



BILLING CARD



Patient Name: Mrs. PHENMOZHI
60/Female/MHI202484319
13/06/2024/PH2024001414
IP No. _____
Room No. _____
Dr. G. GNANAVELU

SAFETY FIRST

D.O.A. 13/06/24 Time 10:10 AM

TRANSFER DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
13/6/24	10-20	FO	RL	Arma. 082
13/6/24	12-20	RL	CATH LAB	Arma. 082
13/6/24	13-20	Cath Lab	RL	Pi0285

OPERATION THEATRE

Date	: 13/6/24	OT No.	: Cath Lab II
Surgeon	: Dr. Gnanavelu	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	: R/n panchawarnam	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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