

Ref
Mr. Sharmegam
Jedme

Self

CAG

MHI/DP/2022/104



Mr. SRIDHARAN.A.J

3. Male/MHT202484488

3.07/2024/IPH2024001561

Patient Name

Dr. G. GNANAVELU

IP No. _____



Room No. _____

BILLING CARD

SAFETY FIRST



D.O.A. 03/7/24 Time 10:50 AM

RL

TRANSFER DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
3/7/24	10.50	ADMISSION	RL	
3/7/24	11.12	RL	CATH LAB	
3/7/24	18.05	Cath lab	RL	

OPERATION THEATRE

Date	: 3/7/24	OT No.	: Cath lab II
Surgeon	: Dr. Gnanavelu	Start Time	: 14:30
I Asst. Surgeon	:	End Time	: 14:50
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N - Bhavadharini	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

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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