

Ref. Dr. G. Gnanavelu

INSURANCE

CAG

MHI/DP/2022/104



Mrs. KANCHANA S  
ID: Female/MHI202484597  
13/07/2024/1PH2024001560

**BILLING CARD**

SAFETY FIRST



Patient Name

IP No.

Room No.

Dr. G. GNANAVELU



D.O.A. 03/7/24 Time 10:31 AM

**TRANSFER DETAILS**

Rent Per Day

| Date   | Time  | From      | To       | Nurse's Signature |
|--------|-------|-----------|----------|-------------------|
| 3/7/24 | 10:31 | ADMISSION | PL       | [Signature]       |
| 3/7/24 | 12:05 | PL        | CATH LAB | [Signature]       |
| 3/7/24 | 14:05 | CATH LAB  | PL       | [Signature]       |
|        |       |           |          |                   |
|        |       |           |          |                   |

**OPERATION THEATRE**

|                   |                      |                                       |               |
|-------------------|----------------------|---------------------------------------|---------------|
| Date              | : 03/7/24            | OT No.                                | : CATH LAB-II |
| Surgeon           | : Dr. Gnanavelu      | Start Time                            | : 13:35       |
| I Asst. Surgeon   | :                    | End Time                              | : 13:55       |
| II Asst. Surgeon  | :                    | Dis. Pack                             | :             |
| III Asst. Surgeon | :                    | Diathermy                             | :             |
| Anaesthetist      | :                    | C-Arm                                 | :             |
| OT Nurse          | : R/n - Bavarthasani | Arthroscopy                           | :             |
| Name of Surgery   | : CAG                | Laproscopy                            | :             |
|                   |                      | Sevoflurane / Isoflurane              | :             |
|                   |                      | Inj. Fentanyl : 2ml 10ml/inj. morphi: | :             |
|                   |                      | Others                                | :             |

**MONITOR**

**INFUSION PUMP**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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|      |       |      |            |      |       |      |            |

**OXYGEN**

**SYRINGE PUMP**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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**ALPHA BED**

**SCD PUMP**

**VENTILATOR**

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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[illegible]