

Ref hi.
Mr. Paramasivam

Self

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name - Mr. PARAMASIVAM .S
2. Male/MHT202484601
IP No. 13.07/2024/1PH2024001564
Room No. Dr.G. GNANAVELU

D.O.A. 03/07/24 Time 1.28 PM

TRANSFER DETAILS

Rent Per Day Rs

Date	Time	From	To	Nurse's Signature
3/4/24	13:30	Admission	RL	
3/4/24		RL	Cath lab.	
3/7/24	15:35	Cath lab	RL	

OPERATION THEATRE

Date	: 3/7/24	OT No.	: Cath lab II
Surgeon	: Dr. Gnanavelu	Start Time	: 15:00
I Asst. Surgeon	:	End Time	: 15:20
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: P/w panchavarnam	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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