

Ref. No.
 Dr. Gogulmuthu

Self

CAG

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name

Mr. MANI A N

4, Male/MHT202484609

IP No.

13, 07/2024/1PH2024001563

Room No.

Dr. G. GNANAVELU



TRANSFER DETAILS

Rent Per Day

RL

D.O.A. 03/07/24 Time 01.03 PM

Date	Time	From	To	Nurse's Signature
3/7/24	12.01	ADMISSION	RL	Sham
3/7/24		RL	CATH LAB.	
3/7/24	16.02	Cath lab	RL	Prasanna

OPERATION THEATRE

Date	: 3/7/24	OT No.	: Cath lab D
Surgeon	: Dr. Gnanavelu	Start Time	: 15.25
I Asst. Surgeon	:	End Time	: 15.50
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/n Sandhiya	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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