

Ref: Dr. Sambath Kumar

Self

CAG

MHI/DP/2022/104



Mr. MANI N
60/Male/MHI202484621
08/07/2024/1PH2024001588

Dr. G. GNANAVELLI

ILLING CARD

SAFETY FIRST



Patient Name

D.O.A. 08/7/24 Time 10:20 AM

IP No.

Room No.

TRANSFER DETAILS

Rent Per Day

RL

Date	Time	From	To	Nurse's Signature
8/7/24	10:20	ADMISSION	RL	
8/7/24	14:00	RL	Cath Lab	
8/7/24	15:00	CATH LAB	RL	

OPERATION THEATRE

Date	: 8/7/24	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/o. Barudhasani	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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