

Ref: DR. MITHUN

Self

CAG

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST





Mrs.ULAGAMMAL

73/Female/MHI202484792

12/07/2024/1PH2024001630

Patient Name Dr.G. GNANAVELU

IP No.

Room No.

D.O.A. 12/7/24 Time 11:59Am

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
12/7/24	11:59	ADMISSION	RL	[Signature]
12/7/24	14:10	RL	CATH LAB.	[Signature]
12/7/24	15:05	CATH LAB	RL	[Signature]

OPERATION THEATRE	
Date : <u>12/7/24</u>	OT No. : <u>Cath Lab - II</u>
Surgeon : <u>Dr. Gnanavelu</u>	Start Time : <u>14:15</u>
I Asst. Surgeon :	End Time : <u>14:45</u>
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse : <u>R/N panchavaram</u>	Arthroscopy :
Name of Surgery : <u>CAG</u>	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

[illegible]