

Rt
Dr. Gnanavel S.S.

Self

CAG

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name

Mrs. VASANTHA M
64/Female MHI202484844
17/07/2024/1P112024001667

D.O.A. 17/7/24 Time 10.08 AM

IP No.

Dr. G. GNANAVELU

Room No.

TRANSFER DETAILS

Rent Per Day

RL

Date	Time	From	To	Nurse's Signature
17/7/24	10.10	ADM	RL	RL
17/7/24	12.50	RL	CATH LAB	RL
17/7/24	13.15	CATH LAB	ER	RL

OPERATION THEATRE

Date	: 17/7/24	OT No.	: cath lab II
Surgeon	: Dr. Gnanavelu	Start Time	: 13.20
I Asst. Surgeon	:	End Time	: 13.35
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N Abinaya	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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