

CM SCHEME

closed

CAG

MHI/DP/2022/104



Mrs. NOORJAHAN BEEVI.A

71/Female: MHI202484876

Patient Name

17/07/2024/1PH2024001670

IP No.

Dr. G. GNANAVELU

Room No.

BILLING CARD SAFETY FIRST



D.O.A.

17/7/24

Time

11:49 AM

TRANSFER DETAILS

Rent Per Day

RL

Date	Time	From	To	Nurse's Signature
14/7/24	11:50	APM	RL	
17/7/24	13:10	RL	CATH LAB	
17/7/24	14:20	CATH LAB	RL	
17/7/24	16:40	RL	2nd floor 202-A	
18/7/24	15:00	2nd floor 202-A	cath lab	
18/7/24	17:20	cath lab	CCU	

OPERATION THEATRE 205

Date	: 17/07/24	OT No.	: Cath lab II
Surgeon	: Dr. Gnanavelu. G	Start Time	: 13:35
I Asst. Surgeon	:	End Time	: 14:00
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/o Bawatharini	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
18/7/24	17:20	19/7/24	16:45				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE

Date	: 18/07/24	OT. No.	: Cath Lab 98
Surgeon	: Dr. Girinavelu.	Start Time	: 15.05
I Asst. Surgeon	:	End Time	: 17.00
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: P/n. Panchavarnam	Arthroscopy	:
Name of Surgery	: TPI + PPI	Laprosopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

Date

LABORATORY

19/7/24

Urea, Creatinine (100)

[illegible]

CONSULTANT NAME	Date	Date	Date	Date	Date	Date
DR. G. GNANAVELU	18/7/24	19/7/24	20/7/24	21/7/24		
Mrs. Catherine Dindilian Ms. Sevalhat (Psychologist)	18/7/24 20/7/24	18/7/24	19/7/24	22/7/24		
PHARMACY				AMBULANCE		
OT DRUGS REPLACED :						
BILL CLEARED :						
RETURNS CHECKED :						
CROSS MATCHING :						
RESERVATION PF BLOOD :						
STERILE TRAY USED :						
TRANFUSION (BLOOD)						
ATTENDER'S HOLDING :						
OTHER PROCDURES : Holter monitoring 18/7/24 @ 22-00 - 18/7/24 @ 10-30.						
Admission Officer : [Signature]				[Initials] Sister I.I.-charge		

BILLING CARD

SAFETY FIRST

Patient Name Dr.G. GNANAVELI

D.O.A. _____ Time _____

IP No. 

Room No. _____

TRANSFER DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
17/7/24	16.45	CCU	1st Floor (105)	24/0299

OPERATION THEATRE

Date :	OT No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl : 2ml 10ml/inj. morphi:
	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

OPERATION THEATRE

Date :	OT. No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER							
CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
Date	PHYSIOTHERAPY						
NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS

[illegible]