

Dr. Gnanaavelu sir

SELF

CAG

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name

Mr.P.SELVAM

63/Male/MHI202484953

24/07/2024/1P112624001725

IP No.

Dr.G. GNANAVELU

Room No.



D.O.A. 24/7/24

Time 10:27 AM

TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
24/7/24	10:30	Admission	RL	[Signature]
24/7/24	12:16	Rc	Cath Lab.	[Signature]
24/7/24	15:45	Cath Lab	RL	[Signature]

OPERATION THEATRE

Date	: 24/7/24	OT No.	: Cath Lab II
Surgeon	: Dr. Gnanaavelu	Start Time	: 14:50
I Asst. Surgeon	:	End Time	: 15:30
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/n Bavatharini	Arthroscopy	:
Name of Surgery	: OPG peripheral 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

[illegible]