

Dr. Gnanavelu

SELF

CAG

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name

Mr.SUNDAR

58/Male/MHI202484972

25/07/2024/1P112024001733

IP No.

Dr.G. GNANAVELU

Room No.

D.O.A. 25/7/24 Time 10.02 AM

TRANSFER DETAILS

Rent Per Day R2

Date	Time	From	To	Nurse's Signature
25/7/24	10:10	Admission	RL	[Signature]
25/7/24	11:36	RL	CATH LAB	[Signature]
25/7/24	12:55	CATH LAB	RL	[Signature]

OPERATION THEATRE

Date	: 25/07/24	OT No.	: CATH LAB - II
Surgeon	: Dr. Gnanavelu - 07	Start Time	: 12:30
I Asst. Surgeon	:	End Time	: 12:45
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. morphine	:
		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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