

Ref: family #985

Sof

C89

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name

Mr. MOHAMED KALEEL RAHMA

54/Male/MHI202485044

31/07/2024, IP12024001767

Dr. G. GNANAVELU

IP No.

Room No.



D.O.A. 31/7/24 Time 10.17 AM

RANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
31/7/24	10.17	Admission	RL	[Signature]
31/7/24	10.10	RL	CARRS LAB	[Signature]
31/7/24	13.00	CARRS LAB	RL	[Signature]

OPERATION THEATRE

Date	: 31.7.24	OT No.	: CARRS LAB - 2
Surgeon	: Dr. GG	Start Time	: 12.40 PM
I Asst. Surgeon	:	End Time	: 12.50
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: BLANDINI PIN	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

[illegible]