

REF: DR GNANAVELU

Mr.MANIMARAN.P

38/Male/MHI202485073

01/08/2024:IP112024001772

Dr.G. GNANAVELU

CAG

Self Pay

MHI/DP/2022/104


LING CARD
ETY FIRST


Patient Name _____

D.O.A. 01/08/24 Time 09:54 AM

IP No. _____

Room No. _____

TRANSFER DETAILS

Rent Per Day PL

Date	Time	From	To	Nurse's Signature
1/08/24	9:54	ADMISSION	RE	duf0299
1/08/24	12:40	RE	CATH LAB	duf0299
1/8/24	13:30	cath lab	RE	duf0299

OPERATION THEATRE

Date	: 01/8/24	OT No.	: cath lab II
Surgeon	: Dr. Gnanavelu	Start Time	: 13:00
I Asst. Surgeon	:	End Time	: 13:15
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N Bavatharini	Arthroscopy	:
Name of Surgery	: CAG	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

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