

BILLING CARD



Patient Nan

Mrs. VASANTHI M

64/Female, MHI202485182

09/08/2024/IP112024001838

IP No.

Dr. G. GNANAVEILU

Room No.



TRANSFER DETAILS

Rent Per Day

Date	Time	From	To	Nurse's Signature
9/8/24	11:00am	Front office	Re	Art 0346
9/8/24	15:15	RL	Calhoun	Art 0345
9/8/24	17:00	Cath Lab	Re	Art 0346

OPERATION THEATRE

Date :	9/8/24	OT No. :	Rath Lab-II
Surgeon :	Dr. Gnanavelu	Start Time :	16.40
I Asst. Surgeon :		End Time :	17.05
II Asst. Surgeon :		Dis. Pack :	
III Asst. Surgeon :		Diathermy :	
Anaesthetist :		C-Arm :	
OT Nurse :	R.N. Abinays	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

[illegible]

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]