

BILLING CARD

Patient Name

Mr. THANDAV ARAYAN SABHAPA

51/Male/MHI202485185

09/08/2024/PH2024001840

IP No.

Dr. G. GNANAVELLU

Room No.



TRANSFER DETAILS

Rent Per Day

2L

D.O.A. 09/08/24

Time

11.15 AM

Date	Time	From	To	Nurse's Signature
9/8/24	11.25	PO	PL	
9/8/24	12.50	PL	cath lab	
9/8/24	14.00	cath lab	PL	

OPERATION THEATRE

Date	: 9/8/24	OT No.	: cath lab II
Surgeon	: Dr. Gnanavelu	Start Time	: 13.40
I Asst. Surgeon	:	End Time	: 13.55
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/n Sandhya	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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