

Dr. G. Gnanavelu

Self

CAG

MHI/DP/2022/104



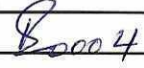
BILLING CARD



Patient Name **Mr. MOHANRAJA.V**
47/Male/MHI202485313
19/08/2024/1PH2024001911
IP No. **Dr. G. GNANAVELU**
Room No. 

D.O.A. 19/8/24 Time 2:28 pm

TRANSFER DETAILS Rent Per Day PL

Date	Time	From	To	Nurse's Signature
19/8/24	14:30	Admission	RL	
19/8/24	15:45	RL	Cath Lab	
19/8/24	16:30	CATH LAB	RL	

OPERATION THEATRE

Date	: 19/8/24	OT No.	: CATH LAB-1
Surgeon	: Dr. Gnanavelu. G	Start Time	: 16:00
I Asst. Surgeon	:	End Time	: 16:25
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. 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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