

SEIF

MHI/DP/2022/104

BILLING CARDPatient Name Mrs. EVELYN MERCY PARIPURAD.O.A. 20/8/24 Time 10:47 AMIP No. 20/08/2024/PH2024001917

Dr. G. GNANAVELU

Room No. _____**TRANSFER DETAILS**Rent Per Day RL

Date	Time	From	To	Nurse's Signature
20/8/24	10:50	FRONT OFFICE	RL	20/10318
20/8/24	13:00	RL	CATH LAB	20/10318
20/8/24	13:45	CATH LAB	RL	20004

OPERATION THEATRE

Date	: 20/8/24	OT No.	: CATH LAB-II
Surgeon	: Dr. Gnanavelu. G	Start Time	: 13:00
I Asst. Surgeon	:	End Time	: 13:30
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/n. Bavadharani	Arthroscopy	:
Name of Surgery	: CAB	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. morphine:	:
		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]