

Ref: Dr. Sunder

Self

CAG

MHI/DP/2022/104



BILLING CARD

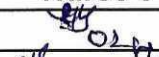
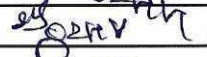


Patient Name Mr. UMAPATHI K
61/Male/MHI202485358
21/08/2024/1PH2024001929
IP No. Dr. G. GNANAVELU
Room No. 

D.O.A. 21/8/24 Time 12.50 PM

TRANSFER DETAILS

Rent Per Day Rs

Date	Time	From	To	Nurse's Signature
21/8/24	13:00	PO	RL	
21/8/24		RL	Cath	
21/8/24	15:20	Cath lab	RL	

OPERATION THEATRE

Date	: 21/8/24	OT No.	: Cath lab 2
Surgeon	: Dr. Gnanavelu	Start Time	: 15.05
I Asst. Surgeon	:	End Time	: 15.20
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N Bawatharini	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

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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