

BILLING CARD



Patient Name

Mr.SRINIVASAN K

56/Male/MHI202485384

23/08/2024/1P112024001952

IP No.

Dr. G. GNANAVELU

Room No.



TRANSFER DETAILS

Rent Per Day

RL

Date	Time	From	To	Nurse's Signature
23/8/24	11:50	ADMISSION	RL	23/08/24
23/8/24	12:45	RL	CATH LAB	23/08/24
23/8/24	15:05	CATH LAB	RL	23/08/24

OPERATION THEATRE

Date : 23/8/24	OT No. : cath lab 2
Surgeon : Dr. Gnanavelu	Start Time : 13.30
I Asst. Surgeon :	End Time : 13.50
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse : P/N Bavatharini	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]