

BILLING CARD

Patient Name

Mrs. ALPHONSA OLGAR

65/Female/MHI202485521

29/08/2024:IP112024001997

Dr. G. GNANAVELU

IP No.

Room No.



D.O.A. 29/8/24 Time 10:48 AM

TRANSFER DETAILSRent Per Day RL

Date	Time	From	To	Nurse's Signature
29/8/24	10:48	ADMISSION	RL	Ny 0299
29/8/24	12:20	RL	CATH LAB	
29/8/24	14:30	cath lab	RL	Pis 0233

OPERATION THEATRE

Date	: 29/8/24	OT No.	: cath lab 7
Surgeon	: Dr. Gnanavelu	Start Time	: 13:50
I Asst. Surgeon	:	End Time	: 14:05
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: RL panchanatham	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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