



BILLING CARD
SAFETY FIRST



Patient Name

Mrs.KUMARI BALASUBRAMANJY

63/Female/MHI202485533

30/08/2024/1P112024002007

Dr. G. GNANAVELU

D.O.A. 30/8/24 Time 10.33AM

IP No.

Room No.

TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
30/8/24	10:33	FO	RL	30/8/24
30/8/24	12:30	RL	CATH	30/8/24
30/8/24	13:40	CATH LAB	RL	30/8/24

OPERATION THEATRE

Date	: 30/08/24	OT No.	: CATHLAB-II
Surgeon	: Dr. Gnanavelu. V	Start Time	: 13:10
I Asst. Surgeon	:	End Time	: 13:25
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N. Abinaya	Arthroscopy	:
Name of Surgery	: CA9	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]