

Mr. Ajit Jahanan

SELF

CAG

MHI/DP/2022/104



BILLING CARD



Patient Name Mrs. SOFIYABEGAM
IP No. SN/Female: MHI202485579
Room No. 11/09/2024/1P112024002127
Dr. G. GNANAVELU

D.O.A. 11/9/24 Time 10:42 AM

TRANSFER DETAILS

Rent Per Day DL

Date	Time	From	To	Nurse's Signature
11/9/24	10:45	Admission	RL	[Signature]
11/9/24	12:17	RL	Cath Lab	[Signature]
11/9/24	14:00	Cath Lab	RL	[Signature]

OPERATION THEATRE

Date	: 11/9/24	OT No.	: Cath Lab II
Surgeon	: Dr. Gnanavelu	Start Time	: 12:40
I Asst. Surgeon	:	End Time	: 13:30
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N Abimaya	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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