

Det
Dr. Gnanavelu.

Self CAG

MHI/DP/2022/104



BILLING CARD



Patient Name _____
IP No. _____
Room No. _____

Mrs. PUSHPA T
62/Female/MHI202485764
12/09/2024/IP12024002139
Dr. G. GNANAVELU

D.O.A. 12/9/24 Time 11:49am

TRANSFER DETAILS

Rent Per Day PL

Date	Time	From	To	Nurse's Signature
12/9/24	11:49	Admission	PL	[Signature]
12/9/24	13:00	PL	Cath lab.	[Signature]
12/9/24	13:35	Cath lab	PL	[Signature]

OPERATION THEATRE

Date : 12/9/24	OT No. : Cath lab II
Surgeon : Dr. Gnanavelu	Start Time : 13:00
I Asst. Surgeon :	End Time : 13:20
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. morphine:
	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

[illegible]