

BILLING CARD



Patient Name

IP No.

Room No.

Mr. RAVIKUMAR .G.N

58/Male/MHI202485830

16/09/2024/IP112024002171

Dr. G. GNANAVELU



D.O.A. 16/9/24 Time 11:20 AM

TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
16-9-24	11:40	FO	RL	Abhi - 0282
16/9/24	13:30	RL	Cath Lab	Selvi
16/9/24	2:20	Cath Lab	RL	

OPERATION THEATRE

Date	: 16/9/24	OT No.	: Cath Lab
Surgeon	: Dr. G. G.	Start Time	: 1:55 PM
I Asst. Surgeon	:	End Time	: 2:08 PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: P. Leudgvin RN	Arthroscopy	:
Name of Surgery	: Cor.	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. monphi:	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
16/9/24	11:40						

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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