

Pf Dr. Gnanavelu

SELF

m.m

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name

Mr. RADHA M
57/Male/MHI202485839
16/09/2024:IP112024002176

IP No.

Dr. G. GNANAVELU

Room No.

TRANSFER DETAILS

Rent Per Day

PL

Date	Time	From	To	Nurse's Signature
16/9/24	12.30	FO	PL	[Signature]
16/9/24	14.27	PL	Cath Lab	[Signature]
16/9/24	15.30	CATH LAB	PL	[Signature]

OPERATION THEATRE

Date	: 16/9/24	OT No.	: Cath Lab - II
Surgeon	: DR. Gnanavelu	Start Time	: 15.00
I Asst. Surgeon	:	End Time	: 15.30
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: PL/pandharam	Arthroscopy	:
Name of Surgery	: CATH	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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