

**BILLING CARD**

Patient Name

Mr. ALAGIRI S

55/Male/MHI202485864

IP No. \_\_\_\_\_

18/09/2024, IPI2024002192

Room No. \_\_\_\_\_

Dr. G. GNANAVELU



D.O.A. 18/09/24 Time 10:31 AM

TRANSFER DETAILS

Rent Per Day

RL

| Date    | Time  | From     | To       | Nurse's Signature |
|---------|-------|----------|----------|-------------------|
| 18/9/24 | 10:31 | Adm      | RL       | Sy035             |
| 18/9/24 | 12:30 | RL       | CATH LAB | Sy035             |
| 18/9/24 | 13:10 | CATH LAB | RL       | Sy035             |
|         |       |          |          |                   |
|         |       |          |          |                   |
|         |       |          |          |                   |

**OPERATION THEATRE**

|                   |                    |                          |                         |
|-------------------|--------------------|--------------------------|-------------------------|
| Date              | : 18/09/24         | OT No.                   | : CATH LAB-I            |
| Surgeon           | : Dr. Gnanavelu. G | Start Time               | : 12:50                 |
| I Asst. Surgeon   | :                  | End Time                 | : 13:10                 |
| II Asst. Surgeon  | :                  | Dis. Pack                | :                       |
| III Asst. Surgeon | :                  | Diathermy                | :                       |
| Anaesthetist      | :                  | C-Arm                    | :                       |
| OT Nurse          | : R/N. Bavadherani | Arthroscopy              | :                       |
| Name of Surgery   | : CAM              | 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 |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

[illegible]