

SELF

CAG

MHI/DP/2022/104

BILLING CARD

Patient Name

IP No. _____

Room No. _____

Mrs. SHANTHI P

63/Female/MHI202485878

19/09/2024/1P112024002206

Dr. G. GNANAVELU



D.O.A. 19/9/24 Time 11.02 AM

TRANSFER DETAILSRent Per Day PL

Date	Time	From	To	Nurse's Signature
19/9/24	11.20	FO	PL	<i>[Signature]</i>
19/9/24		PL	Cath Lab	<i>[Signature]</i>
19/9/24	14.20	CATH LAB	PL	<i>[Signature]</i>

OPERATION THEATRE

Date	: 19/9/24	OT No.	: CATH LAB-II
Surgeon	: Dr. Gnanavelu. G	Start Time	: 13.50
I Asst. Surgeon	:	End Time	: 14.10
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N. Bavacharni	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

[illegible]