



Mr.ABSALIA

49/Male/MHI202485938

21/09/2024;1P112024002228

Dr.G. GNANAVELU

BILLING CARD
SAFETY FIRST



D.O.A. 21/9/24 Time 10.03 PM

Patient Name

IP No.

Room No.

TRANSFER DETAILS

Rent Per Day

RL,

Date	Time	From	To	Nurse's Signature
21/9/24	12.05	APM	RL	<i>[Signature]</i>
21/9/24	14.40	RL	CATH LAB	<i>[Signature]</i> 0158
21/9/24	15.40	Cath Lab	RL	<i>[Signature]</i> 150288

OPERATION THEATRE

Date : 21/9/24	OT No. : Cath lab 2
Surgeon : Dr. Gnanaavelu	Start Time : 15.10
I Asst. Surgeon :	End Time : 15.30
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse : R/N Abhinaya	Arthroscopy :
Name of Surgery : CAG	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl : 2ml 10ml/inj. monphi:
	Others :

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

[illegible]

SYRINGE PUMP

[illegible]

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date

VENTILATOR

Start	Date	Disconnect

[illegible]