

Dr. Sundar

SELF

CAG

MHI/DP/2022/104



BILLING CARD



Patient Name

Mr. MOHAMED ASHFAQUE

IP No.

46/Male/MHI202485965

Room No.

23/09/2024/1P112024002242

Dr. G. GNANAVELU



D.O.A. 23/9/24 Time

TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
23/9/24	13.00	PO	PL	<i>[Signature]</i>
23/9/24	14.35	PL	Cath Lab	<i>[Signature]</i>
23/9/24	3.30 P	Cath Lab	RL	<i>[Signature]</i>

OPERATION THEATRE

Date :	23/9/24	OT No. :	Cath Lab
Surgeon :	Dr. GG	Start Time :	2.30 P
I Asst. Surgeon :		End Time :	3.08 P
II Asst. Surgeon :		Dis. Pack :	
III Asst. Surgeon :		Diathermy :	
Anaesthetist :		C-Arm :	
OT Nurse :	Dr. Subashini R G	Arthroscopy :	
Name of Surgery :	CABG	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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