

Dr. Gnanavelu
Sib

SELF

CAG
MHI/DP/2022/104



BILLING CARD



Patient Name

IP No.

Room No.

Mrs. NAGAMMAL K

53/Female/MHI202485986

26/09/2024:IP112024002274

Dr. G. GNANAVELU



D.O.A. 26/9/24 Time 10:43 AM

TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
26/9/24	10.50	FRON	RL	AST D345
26/9/24	12.25	RL	Cath	AST D345
26/9/24	13.50	Cath lab	RL	Rio277

OPERATION THEATRE

Date	: 26/9/24	OT No.	: Cath lab I
Surgeon	: Dr. Gnanavelu	Start Time	: 13.10
I Asst. Surgeon	:	End Time	: 13.30
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: P/W Abinaya	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

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