

R
Dr. Gnanavelu

SELF

CAG

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name **Mrs. POLEPALI UMA**
50/Female/MHI202486006
07/10/2024/1PH2024002366
IP No. **Dr. G. GNANAVELU**
Room No. 

D.O.A. 7/10/24 Time 11.21 AM

TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
7/10/24	11:22	ROOM	RL	
7/10/24	13:00	RL	CATH LAB	
7/10/24	13:40pm	Cath lab	RL	

OPERATION THEATRE

Date	: 7/10/24	OT No.	: cath lab - I
Surgeon	: Dr. G. G.	Start Time	: 13:10pm
I Asst. Surgeon	:	End Time	: 13:40pm
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: RIN Abinaya	Arthroscopy	:
Name of Surgery	: CAG	Laprosopy	:
		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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