

Dr. Gnanavelu

SELF

CAG

MHI/DP/2022/104



# BILLING CARD SAFETY FIRST



Patient Name

Mrs. BANU BALARAMAN ROUNDI

49/Female/MHI202486150

03/10/2024/PLI2024002327

D.O.A. 3/10/24 Time 10.15 AM

IP No.

Dr. G. GNANAVELU

Room No.

TRANSFER DETAILS

Rent Per Day RL

| Date    | Time  | From     | To   | Nurse's Signature |
|---------|-------|----------|------|-------------------|
| 3/10/24 | 10:18 | FO       | RL   | Subodh            |
| 3/10/24 |       | RL       | Cath | Subodh            |
| 3/10/24 | 12:15 | Cath lab | RL   | Subodh            |
|         |       |          |      |                   |
|         |       |          |      |                   |

## OPERATION THEATRE

|                   |                 |                                       |              |
|-------------------|-----------------|---------------------------------------|--------------|
| Date              | : 3/10/24       | OT No.                                | : Cath lab T |
| Surgeon           | : Dr. Gnanavelu | Start Time                            | : 13.40      |
| I Asst. Surgeon   | :               | End Time                              | : 13.55      |
| II Asst. Surgeon  | :               | Dis. Pack                             | :            |
| III Asst. Surgeon | :               | Diathermy                             | :            |
| Anaesthetist      | :               | C-Arm                                 | :            |
| OT Nurse          | : R/N Sandhya   | 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 |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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## OXYGEN

## SYRINGE PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
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## ALPHA BED

## SCD PUMP

## VENTILATOR

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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[illegible]