

BILLING CARD

SAFETY FIRST



Patient Name

Mr. GERAD PREVIN PREM SATHI

IP No.

48/Male/MHI202486155

Room No.

03/10/2024/1P112024002335

Dr. G. GNANAVELU



D.O.A. 03/10/24

Time 12.27 PM

TRANSFER DETAILS

Rent Per Day

RL

Date	Time	From	To	Nurse's Signature
3/10/24	12.27	PO	RL	Dr. G. Gnanavelu
3/10/24	15.20	CATH LAB	RL	Dr. G. Gnanavelu

OPERATION THEATRE

Date	: 03/10/24	OT No.	: CATH LAB II
Surgeon	: Dr. Gnanavelu. G	Start Time	: 14:45
I Asst. Surgeon	:	End Time	: 15:10
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/n. Abinaya	Arthroscopy	:
Name of Surgery	: LA07	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. morphine	:
		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

