

Dr. G. Gnanavelu

Self

CAY

MHI/DP/2022/104



Mr. MOHAMMED .B
57/Male/MHI202486186
04/10/2024:IP112024002346
Dr. G. GNANAVELU

BILLING CARD SAFETY FIRST



Patient Name

IP No.

Room No.

D.O.A. 04/10/24 Time 11:40AM

TRANSFER DETAILS

Rent Per Day RL

Date	Time	From	To	Nurse's Signature
4/10/24	11:45	Admission	RL	[Signature]
4/10/24	13:35	RL	CATH	[Signature]
4/10/24	15:10pm	CATHCAB	RL	[Signature]

OPERATION THEATRE

Date	: 04/10/24	OT No.	: CATH CAB #
Surgeon	: Dr. Gnanavelu	Start Time	: 14:30
I Asst. Surgeon	:	End Time	: 14:45
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: RLN. Abinaya	Arthroscopy	:
Name of Surgery	: CAY	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

[illegible]