

Ref: Dr. G. Gnanavelu

Self

CAL

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name _____

IP No. _____

Room No. _____

Mr. RADHAKRISHNAN.D

56/Male/MHI02486193

05/10/2024; IP112024002353

Dr. G. GNANAVELU



D.O.A. 05/10/24 Time 11:33 AM

TRANSFER DETAILS

Rent Per Day _____ RL

Date	Time	From	To	Nurse's Signature
5/10/24	11:33	FO	RC	<u>[Signature]</u>
5/10/24	12:30	RL	CATH LAB	<u>[Signature]</u>
5/10/24	13:35	CATH LAB		<u>[Signature]</u>

OPERATION THEATRE

Date : 05/10/24	OT No. : CATH LAB-II
Surgeon : Dr. Gnanavelu.G	Start Time : 13:05
I Asst. Surgeon :	End Time : 13:20
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse : R/n. Banadhasari	Arthroscopy :
Name of Surgery : CAL	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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