

Ref: Dr. G. Gnanavelu

Self

CAG

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST



Patient Name

Mrs. SARASU.S
65/Female/MHI202486226
07/10/2024/PLI2024002363

IP No.

Dr. G. GNANAVELU

Room No.

D.O.A. 07/10/24 Time 10:51 AM

TRANSFER DETAILS

Rent Per Day

RL

Date	Time	From	To	Nurse's Signature
7/10/24	10:51	ADMISSION	RL	
7/10/24	12:45	RL	CATH LAB	
7/10/24	13:35	CATH LAB	RL	

OPERATION THEATRE

Date	: 07/10/24	OT No.	: CATH LAB-II
Surgeon	: Dr. Gnanavelu. G	Start Time	: 13:00
I Asst. Surgeon	:	End Time	: 13:25
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/r. Baradharani	Arthroscopy	:
Name of Surgery	: CAG	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. morphi:	:
		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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