

Dr. Gnanavelu

SELF

CAG

MHI/DP/2022/104



BILLING CARD

SAFETY FIRST

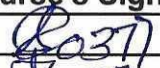
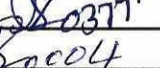
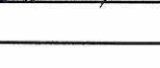


Patient Name **MR. THESAIA S**
 64/Male/MHI202486258
 08/10/2024/1PH2024002379
 IP No. **Dr. G. GNANAVELU**
 Room No. 

D.O.A. 8/10/24 Time 11.25 AM

TRANSFER DETAILS

Rent Per Day Rs

Date	Time	From	To	Nurse's Signature
8/10/24	11:30	Admission	RL	
8/10/24	12:40	RL	CATH	
8/10/24	13:50	CATH LAB	RL	

OPERATION THEATRE

Date	: 08/10/24	OT No.	: CATH LAB-II
Surgeon	: Dr. Gnanavelu. G	Start Time	: 13:20
I Asst. Surgeon	:	End Time	: 13:40
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/n. Abinaya	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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