

**BILLING CARD****SAFETY FIRST**

Patient Name

Mr. JANARDHANAN A

43/Male/MHI202486274

09/10/2024/PHI2024002387

Dr. G. GNANAVEI U / Dr. G.

GNANAVELU

D.O.A. 09/10/24 Time 09:57

IP No.

Room No.

TRANSFER DETAILS

Rent Per Day

Date	Time	From	To	Nurse's Signature
9/10/24	9:57	ADMISSION	RL	[Signature]
9/10/24	12:40	RL	CATH LAB	[Signature]
9/10/24	13:30	CATH LAB	RL	[Signature]

OPERATION THEATRE

Date	: 09/10/24	OT No.	: CATH LAB-I
Surgeon	: Dr. Gnanavelu. G	Start Time	: 12:00
I Asst. Surgeon	:	End Time	: 13:20
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N. Abinaya	Arthroscopy	:
Name of Surgery	: CAU	Laprosopy	:
		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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