

Ref: Dr. Jaishankar  
Self Discharge on 20/8/24  
Medical Management  
MH/DP/2022/104

**Medway Hospitals**  
The way to better  
(A Unit of United Alliance Hospitals)

**Mr. THAYUMANAVAN.S.S**  
56/Male/MH1202371967  
Patient Name  
17/08/2024/1PH2024001897  
IP No.  
Dr. K. JAISHANKAR  
Room No.  


**BILLING CARD**

  
D.O.A. 17/08/24 Time 02:50pm

TRANSFER DETAILS

Rent Per Day \_\_\_\_\_

| Date    | Time  | From        | To    | Nurse's Signature |
|---------|-------|-------------|-------|-------------------|
| 17/8/24 | 14:00 | Observation | CCU   | [Signature]       |
| 17/8/24 | 14:50 | ER          | CCU   | [Signature]       |
| 18/8/24 | 16:00 | CCU         | 104-B | [Signature]       |
|         |       |             |       |                   |
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OPERATION THEATRE

|                     |                                          |
|---------------------|------------------------------------------|
| Date :              | OT No. :                                 |
| Surgeon :           | Start Time :                             |
| I Asst. Surgeon :   | End Time :                               |
| II Asst. Surgeon :  | Dis. Pack :                              |
| III Asst. Surgeon : | Diathermy :                              |
| Anaesthetist :      | C-Arm :                                  |
| OT Nurse :          | Arthroscopy :                            |
| Name of Surgery :   | Laproscopy :                             |
|                     | Sevoflurane / Isoflurane :               |
|                     | Inj. Fentanyl : 2ml 10ml/inj. morphine : |
|                     | Others :                                 |

MONITOR

INFUSION PUMP

| Date    | Start | Date    | Disconnect | Date    | Start | Date    | Disconnect |
|---------|-------|---------|------------|---------|-------|---------|------------|
| 17/8/24 | 14:50 | 18/8/24 | 16:00      | 17/8/24 | 14:50 | 18/8/24 | 14:50      |
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OXYGEN

SYRINGE PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
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ALPHA BED

SCD PUMP

VENTILATOR

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
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## OPERATION THEATRE

|                     |                            |
|---------------------|----------------------------|
| Date :              | OT. No. :                  |
| Surgeon :           | Start Time :               |
| I Asst. Surgeon :   | End Time :                 |
| II Asst. Surgeon :  | Dis. Pack :                |
| III Asst. Surgeon : | Diathermy :                |
| Anaesthetist :      | C-Arm :                    |
| OT Nurse :          | Arthroscopy :              |
| Name of Surgery :   | Laproscopy :               |
|                     | Sevoflurane / Isoflurane : |
|                     | Inj. Fentanyl :            |
|                     | Others :                   |

[illegible]

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**ACT**

## NUMBERS

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| 1/10/21   | 1/10/21 |
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## PHYSIOTHERAPY

## OTHERS

## NUMBERS



| CONSULTANT NAME   | Date    | Date    | Date    | Date    | Date | Date | Date |
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| DR. K. JAISHANKAR | 17/8/24 | 18/8/24 | 19/8/24 | 20/8/24 |      |      |      |
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