REFF: CSL

ESI

12, 182

MHI/IP/20

BILLING CARD

Medway Heart Institute

Mr.MOHAN ARUMUGAM
49/Male/MHI202380982
01/12/2023/IPH202302411
Dr.K.JAISHANKAR

Patient Name _____

IP No. _____

Room No. _____

D.O.A. 01/12/23 Time 10:

Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signatu
1/12/23	10.15	FO	RL	
1/12/23	12.00	RL	cath Lab	
1/12/23	13.15	cath lab	RL	

OPERATION THEATRE

Date	: 01/12/23	OT No.	: Cath lab I
Surgeon	: Dr. Jaishankar	Start Time	: 12.25
I Asst. Surgeon	:	End Time	: 12.50
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. Morphine
		Others	:

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Discon

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Discon

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconn

VENTILATOR

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 4622 / Sarah RETURNS CHECKED :	

CROSS MATCHING :

RESERVATION OF BLOOD :

STERILE TRAY USED :

TRANFUSION (BLOOD)

ATTENDER'S HOLDING :

OTHER PROCDURES : Skin preparation done on 02/12/23

Admission Officer :

Sister In-charge