

Ref Dr. Sivakumar
Mr. Pillai

SECP

LAMA

Min

MHI/DP/2022/104

 Medway Hos The way to better (A Unit of United Alliance Health)		BILLING CARD SAFETY FIRST		 																																									
Patient Name Mrs.HAJEERA PARVEEN 57/Female:MHI202482194 03/09/2024/1P112024002049 Dr.K.JAISANKAR		D.O.A. <u>3/9/24</u> Time <u>7:00pm</u>		Rent Per Day <u>CCU</u>																																									
IP No. _____ Room No. _____		TRANSFER DETAILS																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Time</th> <th>From</th> <th>To</th> <th>Nurse's Signature</th> </tr> </thead> <tbody> <tr> <td>3/9/24</td> <td>19:00</td> <td>Admission (CCU)</td> <td>CCU</td> <td>[Signature]</td> </tr> <tr> <td></td> <td></td> <td>Full discharge</td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Date	Time	From	To	Nurse's Signature	3/9/24	19:00	Admission (CCU)	CCU	[Signature]			Full discharge																															
Date	Time	From	To	Nurse's Signature																																									
3/9/24	19:00	Admission (CCU)	CCU	[Signature]																																									
		Full discharge																																											
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 : <u>M/M</u>		Laproscopy :																																											
		Sevoflurane / Isoflurane :																																											
		Inj. Fentanyl : 2ml 10ml/inj. monphi:																																											
		Others :																																											
MONITOR				INFUSION PUMP																																									
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect																																						
3/9/24	19:00	Full discharge																																											
OXYGEN				SYRINGE PUMP																																									
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect																																						
				3/9/24	19:00	4/9/24	11:30																																						
ALPHA BED				SCD PUMP		VENTILATOR																																							
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect																																						

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]

①

[illegible]

[illegible]