Ref Dr. NARENDRAN CAR Self.

MHI/DP/2022/104

Medway Hos
The way to better
(A Unit of United Alliance Healthc

Mr.PURUSOTHAMAN D
60/Male/MHI202483102
07/08/2024/IP112024001816
Dr.NARENDRAN M

# BILLING CARD

SAFETY FIRST

Medway Heart Institute
Where heart beat never stops...

Patient Name _____

D.O.A. 7/8/24 Time 11:18

IP No. _____

Room No. _____

Rent Per Day _____

## TRANSFER DETAILS

| Date | Time | From | To | Nurse's Signature |
|---|---|---|---|---|
| 7/8/24 | 11.18. | ADMISSION | RC | |
| 7/8/24 | 14.35 | RC | CATH LAB | |
| 7/8/24 | | CATH LAB | RC | |
| | | | | |
| | | | | |
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## OPERATION THEATRE

| | | | |
|---|---|---|---|
| Date | 7/8/24 | OT No. | CATH LAB |
| Surgeon | Dr. GRS | Start Time | 4.30 PM |
| I Asst. Surgeon | | End Time | 4.45 PM |
| II Asst. Surgeon | | Dis. Pack | |
| III Asst. Surgeon | | Diathermy | |
| Anaesthetist | | C-Arm | |
| OT Nurse | Abiram R | Arthroscopy | |
| Name of Surgery | Am | Laproscopy | |
| | | Sevoflurane / Isoflurane | |
| | | Inj. Fentanyl | 2ml 10ml/inj. monphi: |
| | | Others | |

## MONITOR

| Date | Start | Date | Disconnect |
|---|---|---|---|
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## INFUSION PUMP

| Date | Start | Date | Disconnect |
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## OXYGEN

| Date | Start | Date | Disconnect |
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## SYRINGE PUMP

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

| Date | Start | Date | Disconnect |
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## SCD PUMP / VENTILATOR

| Date | Start | Date | Disconnect |
|---|---|---|---|
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| CONSULTANT NAME | Date | Date | Date | Date | Date | Date | Date |
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| PHARMACY | AMBULANCE |
|---|---|
| OT DRUGS REPLACED : | |
| BILL CLEARED : 7535/ Sarath 7/8/25 | |
| RETURNS CHECKED : | |

**CROSS MATCHING :**

**RESERVATION PF BLOOD :**

**STERILE TRAY USED :**

**TRANFUSION ( BLOOD )**

**ATTENDER'S HOLDING :**

**OTHER PROCDURES :**

| | |
|---|---|
| Admission Officer : | Sister In-charge |