

Dr. family friend

CAH

Self.

MHI/DP/2022/104

Medway Ho!
The way to better
(A Unit of United Alliance Health)

Mr. DEVENDRAN
42/Male/MHI202483500
10/07/2024/1PH2024001612

Patient Name Dr. G. GNANAVELU



BILLING CARD

SAFETY FIRST



D.O.A. 10/7/24 Time 11:26

IP No. _____

Room No. RL

TRANSFER DETAILS Rent Per Day _____

Date	Time	From	To	Nurse's Signature
10/7/24	11:30	FO	RL	<i>[Signature]</i>
10/7/24	14:56	RL	CATH LAB	<i>[Signature]</i>
10/7/24	16:25	CATH LAB	RL	<i>[Signature]</i>

OPERATION THEATRE

Date	: 10/7/24	OT No.	: CATH LAB-II
Surgeon	: Dr. Gnanavelu. V	Start Time	: 15:45
I Asst. Surgeon	:	End Time	: 16:05
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/n. Bavadharani	Arthroscopy	:
Name of Surgery	: CAH	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. morphi:	:
		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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