



BILLING CARD

SAFETY FIRST

D.O.A. 16/5/24 Time 9.30am

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

Mrs. KOWSALYA N

Patient Name 57/Female/MHI202483874
16/05/2024/IPH2024001187IP No. Dr.G. GNANAVELURoom No. 

TRANSFER DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
16/5/24	9.30	Admission	RL	<u>[Signature]</u>
16/5/24	12.10	RL	cath lab.	<u>[Signature]</u>
16/5/24	13.50	cath lab.	RL	<u>[Signature]</u>

OPERATION THEATRE

Date	: 16/3/24	OT No.	: Cath Lab II
Surgeon	: Dr. Gnanavelu	Start Time	: 13.20
I Asst. Surgeon	:	End Time	: 13.30
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N Parvatharani	Arthroscopy	:
Name of Surgery	: CAG	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. monphi:	:
		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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