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The way to better health
(A Unit of United Alliance Healthcare Pvt Ltd)

BILLING CARD

SAFETY FIRST



Patient Name **Mr. RAVI**
70/Male/MHI202483980
IP No. 21/05/2024/IPH2024001217
Room No. **RL** Dr.G. GNANAVELU

D.O.A **21/5/24** Time **10:32 AM**

TRANSFER DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
21/5/24	10:32	FO	RL	21/05/24
21/5/24	12:15	RL	Cath	21/05/24
21/5/24		Cath lab	RL	21/05/24

OPERATION THEATRE

Date	: 21/5/24	OT No.	: Cath lab
Surgeon	: DR. Gnanavelu	Start Time	: 13.35
I Asst. Surgeon	:	End Time	: 1
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: RL Ravatharini	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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