

Ref
Dr. G. Ganarath

Self

CAG

MHI/DP/2022/104

Medway Hospital [®] The way to better health (A Unit of United Alliance Healthcare)		BILLING CARD		 			
Patient Name <u>Mrs. THILAGAM GANAPATHY</u>		49/Female: MHI202484272		D.O.A. <u>10/6/24</u> Time <u>9:56 AM</u>			
IP No. _____		Dr. G. GNANAVELU		SAFETY FIRST			
Room No. _____				TRANSFER DETAILS		Rent Per Day <u>RL</u>	
Date	Time	From	To	Nurse's Signature			
10/6/24	10:00	FO	RL	[Signature]			
10/6/24	13:40	RL	CATH LAB	[Signature]			
10/6/24	15:10	CATH LAB	CCU	[Signature]			
OPERATION THEATRE							
Date : 10/6/24		OT No. : Cath lab II					
Surgeon : Dr. Ganarath		Start Time : 14:30					
I Asst. Surgeon :		End Time : 14:45					
II Asst. Surgeon :		Dis. Pack :					
III Asst. Surgeon :		Diathermy :					
Anaesthetist :		C-Arm :					
OT Nurse : Pn: Sathya		Arthroscopy :					
Name of Surgery : CAG		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

[illegible]