

Ref. Dr. Vijayanandam (CPT)

CPT

CAG

MHI/DP/2022/104

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

BILLING CARD

Patient Name

Mrs. VIJAYALAKSHMI J (CPT)

SAFETY FIRST

D.O.A. 13/06/24 Time 10:29 AM

IP No. _____

Dr. K. JAISHANKAR

Room No. _____

**TRANSFER DETAILS**

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
13/6/24	10:40	FD	RL	Am-0082
13/6/24	11:25	RL	CATH LAB	Am-0082
13/6/24	12:25	Cath Lab	RC	Am-0082

OPERATION THEATRE

Date	: 13-06-24	OT No.	: Cath Lab
Surgeon	: Dr. J	Start Time	: 11:40 AM
I Asst. Surgeon	:	End Time	: 11:58 AM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: Abinaya R	Arthroscopy	:
Name of Surgery	: Cath	Laprosopy	:
		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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