

Ref
Dr. G. Gnanaavelu

Self

CAG
MHI/DP/2022/104

**Medway Hospi**
The way to better hea
(A Unit of United Alliance Healthcare P

Mr.YUVARAJ
46/Male/MHI202484362
17/06/2024/1PH2024001432
Dr.G. GNANAVELU

BILLING CARD

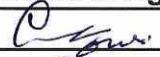
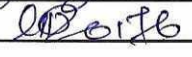


Patient Name Mr.YUVARAJ
IP No. _____
Room No. _____

FETY FIRST

D.O.A. 17/6/24 **Time** 10:11AM

TRANSFER DETAILS **Rent Per Day** RL

Date	Time	From	To	Nurse's Signature
17/6/24	10:11	ADMISSION	RL	
17/6/24	12:20	RL	CSH Lab	
17/6/24	13:35	Cath Lab	RL	

OPERATION THEATRE	
Date : 17/6/24	OT No. : CSH Lab #
Surgeon : Dr. Gnanaavelu	Start Time : 12:55
I Asst. Surgeon :	End Time : 13:25
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse : R.N. Sankhyas	Arthroscopy :
Name of Surgery : CAU	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

[illegible]