

Ref: ES

Self

Medical management

Discharge on 10/7/24

MHI/DP/2022/104

**Medway Hospitals**  
The way to be  
(A Unit of United Alliance)

**Mrs. LAKSHMI M**  
42/Female/MH1202484391  
07/07/2024/1PH2024001583  
Dr.G. GNANAVELU

**BILLING CARD**  
**SAFETY FIRST**  
D.O.A. 07/07/24 Time 08.12 AM  
Rent Per Day

IP No.

Room No.

CCU - 2.5

Ward - 1

| Date   | Time  | From      | To                                 | Nurse's Signature |
|--------|-------|-----------|------------------------------------|-------------------|
| 7/7/24 | 8:12  | ADMISSION | CCU                                |                   |
| 9/7/24 | 11:35 | CCU       | CATH LAB                           |                   |
| 9/7/24 | 13:10 | cath lab  | CCU                                |                   |
| 9/7/24 | 19:00 | CCU       | 205 (I <sup>nd</sup> Floor)<br>(A) |                   |
|        |       |           |                                    |                   |
|        |       |           |                                    |                   |

| OPERATION THEATRE          |                                         |
|----------------------------|-----------------------------------------|
| Date : 9/7/24              | OT No. : cath lab II                    |
| Surgeon : Dr. Gnanavelu    | Start Time : 12.20                      |
| I Asst. Surgeon :          | End Time : 12.40                        |
| II Asst. Surgeon :         | Dis. Pack :                             |
| III Asst. Surgeon :        | Diathermy :                             |
| Anaesthetist :             | C-Arm :                                 |
| OT Nurse : R/N Sandhya     | Arthroscopy :                           |
| Name of Surgery : Cheek CA | Laproscopy :                            |
|                            | Sevoflurane / Isoflurane :              |
|                            | Inj. Fentanyl : 2ml 10ml/inj. morphine: |
|                            | Others :                                |

| MONITOR |       |        |            | SYRINGE PUMP |       |        |            |
|---------|-------|--------|------------|--------------|-------|--------|------------|
| Date    | Start | Date   | Disconnect | Date         | Start | Date   | Disconnect |
| 7/7/24  | 8.12  | 9/7/24 | 19:00      | 7/7/24       | 8.00  | 8/7/24 | 18.00      |
|         |       |        |            | 7/7/24       | 10.00 | 7/7/24 | 12.00      |
|         |       |        | 2.5        | 8/7/24       | 15.40 | 9/7/24 | 18.00      |
|         |       |        |            |              |       |        |            |
|         |       |        |            |              |       |        |            |

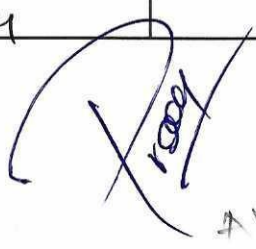
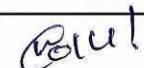
| OXYGEN |       |        |            | SYRINGE PUMP Dofb |       |        |            |
|--------|-------|--------|------------|-------------------|-------|--------|------------|
| Date   | Start | Date   | Disconnect | Date              | Start | Date   | Disconnect |
| 7/7/24 | 8.12  | 7/7/24 | 15.00      | 8/7/24            | 15.20 | 9/7/24 | 7.30       |
| 8/7/24 | 00.00 | 9/7/24 | 9.00       |                   |       |        |            |
|        |       |        |            |                   |       |        |            |
|        |       |        |            |                   |       |        |            |
|        |       |        |            |                   |       |        |            |

| ALPHA BED |       |      |            | SCD PUMP |       | VENTILATOR |            |
|-----------|-------|------|------------|----------|-------|------------|------------|
| Date      | Start | Date | Disconnect | Date     | Start | Date       | Disconnect |
|           |       |      |            |          |       |            |            |
|           |       |      |            |          |       |            |            |
|           |       |      |            |          |       |            |            |
|           |       |      |            |          |       |            |            |

| OPERATION THEATRE   |                            |
|---------------------|----------------------------|
| Date :              | OT. No. :                  |
| Surgeon :           | Start Time :               |
| I Asst. Surgeon :   | End Time :                 |
| II Asst. Surgeon :  | Dis. Pack :                |
| III Asst. Surgeon : | Diathermy :                |
| Anaesthetist :      | C-Arm :                    |
| OT Nurse :          | Arthroscopy :              |
| Name of Surgery :   | Laproscopey :              |
|                     | Sevoflurane / Isoflurane : |
|                     | Inj. Fentanyl :            |
|                     | Others :                   |

[illegible]



| CONSULTANT NAME                                                                                         | Date   | Date   | Date   | Date                                                                                                                                                         | Date | Date | Date |  |  |  |  |
|---------------------------------------------------------------------------------------------------------|--------|--------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|------|--|--|--|--|
| DR. G. GNANAVELU                                                                                        |        | 8/7/24 | 9/7/24 | 10/7/24                                                                                                                                                      |      |      |      |  |  |  |  |
| DR. SURENDHAR                                                                                           | 7/7/24 |        |        |                                                                                                                                                              |      |      |      |  |  |  |  |
|                                                                                                         |        |        |        |                                                                                                                                                              |      |      |      |  |  |  |  |
|                                                                                                         |        |        |        |                                                                                                                                                              |      |      |      |  |  |  |  |
|                                                                                                         |        |        |        |                                                                                                                                                              |      |      |      |  |  |  |  |
|                                                                                                         |        |        |        |                                                                                                                                                              |      |      |      |  |  |  |  |
|                                                                                                         |        |        |        |                                                                                                                                                              |      |      |      |  |  |  |  |
|                                                                                                         |        |        |        |                                                                                                                                                              |      |      |      |  |  |  |  |
|                                                                                                         |        |        |        |                                                                                                                                                              |      |      |      |  |  |  |  |
|                                                                                                         |        |        |        |                                                                                                                                                              |      |      |      |  |  |  |  |
|                                                                                                         |        |        |        |                                                                                                                                                              |      |      |      |  |  |  |  |
|                                                                                                         |        |        |        |                                                                                                                                                              |      |      |      |  |  |  |  |
|                                                                                                         |        |        |        |                                                                                                                                                              |      |      |      |  |  |  |  |
|                                                                                                         |        |        |        |                                                                                                                                                              |      |      |      |  |  |  |  |
|                                                                                                         |        |        |        |                                                                                                                                                              |      |      |      |  |  |  |  |
|                                                                                                         |        |        |        |                                                                                                                                                              |      |      |      |  |  |  |  |
|                                                                                                         |        |        |        |                                                                                                                                                              |      |      |      |  |  |  |  |
|                                                                                                         |        |        |        |                                                                                                                                                              |      |      |      |  |  |  |  |
|                                                                                                         |        |        |        |                                                                                                                                                              |      |      |      |  |  |  |  |
|                                                                                                         |        |        |        |                                                                                                                                                              |      |      |      |  |  |  |  |
|                                                                                                         |        |        |        |                                                                                                                                                              |      |      |      |  |  |  |  |
| Dr. Gopinath (Director)                                                                                 | 7/7/24 | 9/7/24 |        |                                                                                                                                                              |      |      |      |  |  |  |  |
| PHARMACY                                                                                                |        |        |        | AMBULANCE                                                                                                                                                    |      |      |      |  |  |  |  |
| OT DRUGS REPLACED :                                                                                     |        |        |        | 9K↑ T - 1,01,859<br>R - 31,859                                                                                                                               |      |      |      |  |  |  |  |
| BILL CLEARED :                                                                                          |        |        |        |                                                                                                                                                              |      |      |      |  |  |  |  |
| RETURNS CHECKED :                                                                                       |        |        |        |                                                                                                                                                              |      |      |      |  |  |  |  |
| CROSS MATCHING :                                                                                        |        |        |        |  UPI - 29859<br>Cash - 2,000<br>Already<br>cash - 50,000<br>UPI - 20,000 |      |      |      |  |  |  |  |
| RESERVATION PF BLOOD :                                                                                  |        |        |        |                                                                                                                                                              |      |      |      |  |  |  |  |
| STERILE TRAY USED :                                                                                     |        |        |        |                                                                                                                                                              |      |      |      |  |  |  |  |
| TRANFUSION ( BLOOD )                                                                                    |        |        |        |                                                                                                                                                              |      |      |      |  |  |  |  |
| ATTENDER'S HOLDING :                                                                                    |        |        |        |                                                                                                                                                              |      |      |      |  |  |  |  |
| OTHER PROCDURES :                                                                                       |        |        |        | Preparation done on 8/7/24.                                                                                                                                  |      |      |      |  |  |  |  |
| Admission Officer :  |        |        |        | <br>Sister In-charge                                                    |      |      |      |  |  |  |  |